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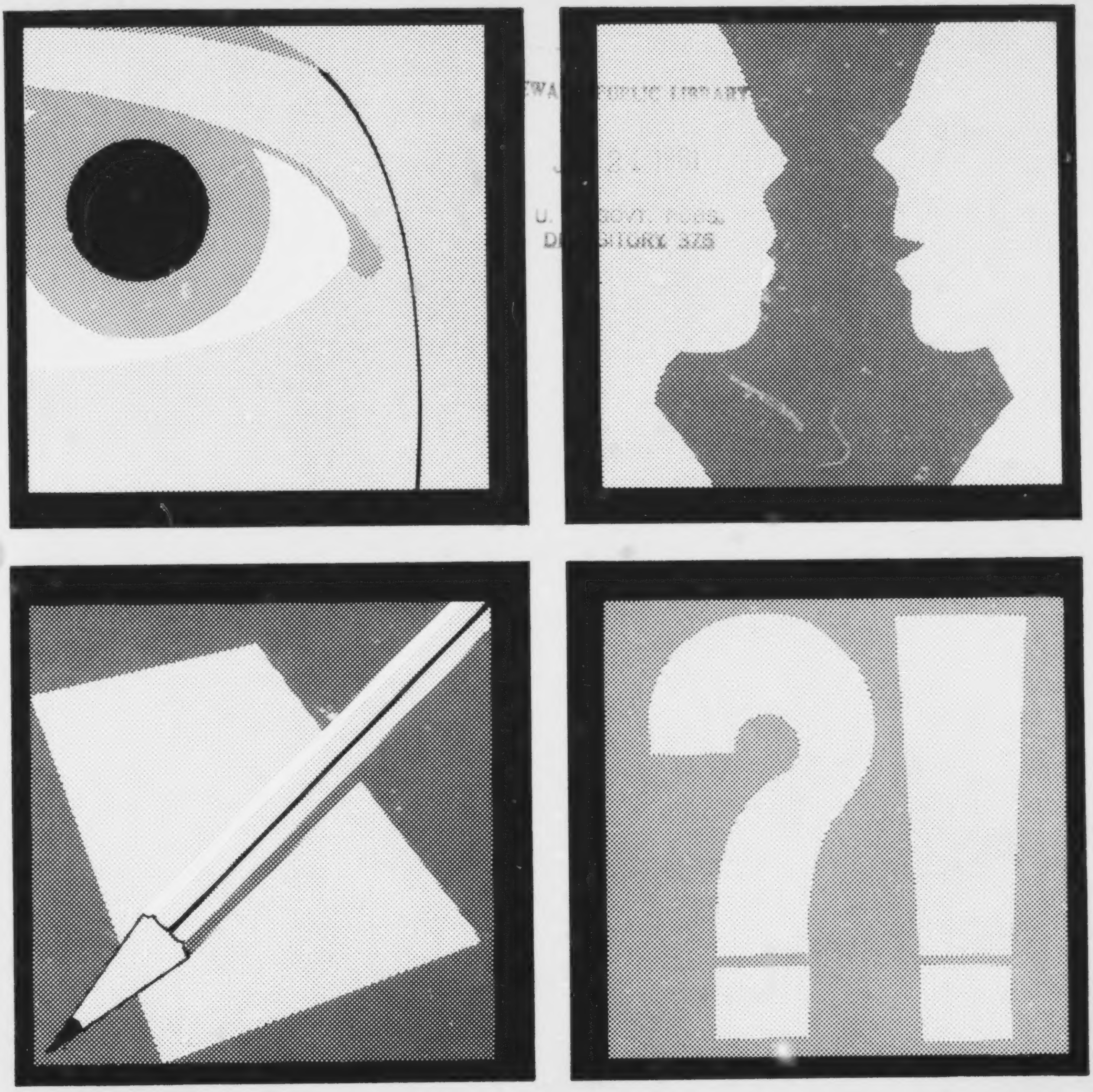
Health Facility Surveyor Training

ORIENTATION PROGRAM



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Much of this text has been the basis of previous training materials, namely: Oklahoma Orientation Program, UCLA Health Facilities Surveyor Training, University of Maryland Basic Surveyor Training Course, JWK Contract: Handbook of Performance Standards and Knowledge and Skills Requirements for the Evaluation of Health Facility Surveyor Training, and selected materials from other specialty surveyor training courses.

The Health Care Financing Administration (HCFA), the Health Standards and Quality Bureau (HSQB), and the Division of Program Analysis and Training (DPAT) hereby give recognition to Anna Gibson for the technical assistance which she provided. Major contributions were also made by those shown on the following pages.

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TABLE OF CONTENTS

Page

Foreward 1

Purpose 2

An Overview of Medicare and Medicaid Programs 3

Introduction of the Orientation Program for Newly Employed Surveyors 5

Orientation Program's Objectives and Units of Instruction 9

Roles and Responsibilities 11

Glossary 15

PART I

GENERAL PRINCIPLES

A. Policies and Procedures and Relationship of Standards to Provider/Supplier Performance I.A-1
  1. Standards I.A-1
  2. Performance I.A-1
  3. An Overview - Federal Rules and Regulations I.A-3
  4. Regulations and Rules as They Relate to Providers/Suppliers I.A-3
  5. Provider/Supplier Policies I.A-6
  6. Procedures I.A-6
  7. Essence of Standards I.A-10

B. Confidentiality, Courtesy, and Conduct in the Facility I.B-1

C. Data-Collecting Skills, Techniques, and Methods I.C-1
  1. Introduction I.C-1
  2. Techniques of Oral Communication in the Survey I.C-2
  3. Documentation I.C-14

D. The Surveyor's World I.D-1

E. Evaluation Checklist for Part I I.E-1

PART II

SURVEY METHODS

Page

A. Compliance with Federal, State, and Local Laws II.A-1
  1. General II.A-1
  2. Fire Safety II.A-3
  3. Other Physical Plant Inspections II.A-4
  4. Radiologic Evaluations II.A-4
  5. Environmental Preservation II.A-5
  6. Federal Fiscal Intermediary and State Welfare Agency Review II.A-5

B. The Governing Body and Management II.B-1
  1. The Administrator II.B-4
  2. Staffing Patterns II.B-7
  3. Ownership Information II.B-10
  4. Powers of the Medical Staff II.B-12
  5. Patient/Resident Needs II.B-14
  6. Patient/Resident Rights II.B-17
  7. Patient Care Policies II.B-23

C. Medical Staff and Physician Services II.C-1
  1. Medical Staff II.C-2
  2. Other Staffs II.C-4
  3. Committees II.C-6
  4. Medical Direction II.C-8

D. Nursing Services II.D-1
  1. Director II.D-2
  2. Adequacy of Personnel II.D-5
  3. Registered Nurse Supervisor II.D-8
  4. Other Nursing Services II.D-11
  5. Patient Care Plans II.D-15
  6. Specialized Nursing Services II.D-18
  7. Rehabilitative Nursing II.D-20

PART II (Cont.)

Page

E. Dietetic Services II.E-1
  1. Organization and Staffing II.E-2
  2. Supervision of Patient Nutrition II.E-6
  3. Menus II.E-11
  4. Special Diets II.E-14
  5. Food Preparation II.E-17
  6. Sanitation II.E-20
F. Specialized Rehabilitative Services II.F-1
G. Pharmaceutical Services II.G-1
  1. Policies and Personnel II.G-1
  2. Administration II.G-14
H. Laboratory Services II.H-1
I. Radiology and Radiotherapy Services II.I-1
J. Dental Services II.J-1
K. Social Services II.K-1
L. Patient Activities II.L-1
M. Medical Records II.M-1
N. Transfer Agreements II.N-1
O. Physical Environment II.O-1
P. Infection Control II.P-1
Q. Disaster Preparedness II.Q-1
R. Utilization Review II.R-1
  1. Extended Duration II.R-3
  2. Elective and Emergency Admission II.R-6
  3. Discharge Planning II.R-9
S. Professional Standards Review Organization II.S-1
T. Intermediate Care Facilities for the Mentally Retarded II.T-1
  1. General II.T-1
  2. Active Treatment II.T-16
  3. Surveying in Large and Small ICFs/MR II.T-23

PART II (Cont.)

Page

U. End-Stage Renal Disease II.U-1
  1. History II.U-1
  2. Hemodialysis II.U-2
  3. Transplantation II.U-5
  4. Hepatitis II.U-5
  5. A Favorable Environment for Patients II.U-14
  6. Roles and Duties of ESRD Personnel II.U-18

V. Home Health Agency II.V-1
  1. Organization and Administration II.V-1
  2. Services II.V-9
  3. Clinical Records II.V-22
  4. Evaluation II.V-27

W. Rural Health Clinics II.W-1
  1. Description of Clinics II.W-1
  2. Health and Safety Standards II.W-3

X. Outpatient Physical Therapy Services Furnished II.X-1

Y. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Physical Therapy and/or Speech Pathology Services II.Y-1

PART III

OBSERVATIONAL GUIDELINE SURVEYS

A. Field Experience III.A-1
  1. Observational Surveys III.A-3
  2. Experiential Surveys III.A-5

B. Evaluation of Field Experience III.B-1

PART IV

REGIONAL OFFICE ORIENTATION

Page

1. The Regional Office IV-3
2. The Major Regional Agencies and Their Roles in the Certification Process IV-3
3. Regional Office Adjudication of State Agency Certification IV-8

APPENDICES

A. The Health Facility Surveyor--Historical Perspective A-1
B. Performance Criteria at the Completion of the Orientation Program and Prior to Attending the Revised Basic Training Course B-1
C. The Health Facility Surveyor Training Basic Course C-1
D. Health Facility Surveyor Evaluation Sheet D-1
E. Surveyor Evaluation of the Total Orientation Program E-1

LIST OF FIGURES

Number		Page
1-1	Case Study	I.A-2
-2	Conditions of Participation: LABORATORIES	I.A-5
-3	Admission of a New Patient--Goals	I.A-7
-4	Admission of a New Patient--Procedures	I.A-7
-5	Behavior While Inspecting a Health Facility	I.B-2
-6	Guide to Field Visit Interviewing	I.C-8
-7	Learning Activities: Data Collecting Skills, Techniques, and Methods	I.C-10
-8	Making Your Observations Profitable--Useful Techniques	I.C-13
-9	Guidelines to Clear Documentation	I.C-18
-10	Federal Forms	I.C-19
-11	Examples of Good Explanatory Notes and Those Which Lack Pertinent Information	I.C-22
-12	Examples of Adequate and Inadequate Explanatory Statements	I.C-23
-13	Principles of Good Documentation	I.C-26
-14	Items to be Avoided in Documentation	I.C-27
-15	Tests to Examine Deficiencies for Completeness	I.C-27
-16	Examples of Bad and Good Statements of Deficiencies	I.C-28
-17	Provider's/Supplier's Organizational Capability to Provide Services Needed by Residents	I.C-33
2-1	Evaluation Guide: Compliance with Federal, State and Local Laws	II.A-6
-2	Evaluation Guide: Patients'/Residents' Rights	II.B-22
-3	Evaluation Guide: Patient Care Policies	II.B-27
-4	Evaluation Guide: The Governing Body and Management	II.B-28
-5	Evaluation Guide: Medical Staff and Physician Services	II.C-24
-6	Patient Care Cycle	II.D-14
-7	Evaluation Guide: Nursing Services	II.D-22

LIST OF FIGURES (Cont.)

Number		Page
2-8	Daily Food Guide for Adults	II.E-10
-9	Evaluation Guide: Dietetic Services	II.E-24
-10	Evaluation Guide: Specialized Rehabilitative Services	II.F-5
-11	Evaluation Guide: Pharmaceutical Services	II.G-23
-12	Evaluation Guide: Laboratory Services	II.H-7
-13	Evaluation Guide: Radiology and Radiotherapy Services	II.I-8
-14	Evaluation Guide: Social Services	II.K-7
-15	Evaluation Guide: Patient Activities	II.L-8
-16	Evaluation Guide: Medical Records	II.M-6
-17	Evaluation Guide: Physical Environment	II.O-8
-18	Evaluation Guide: Infection Control	II.P-7
-19	Evaluation Guide: Disaster Preparedness	II.Q-5
-20	Evaluation Guide: Utiliation Review	II.R-12
-21	Active Treatment Cycle	II.T-13
-22	Rating Form A	II.T-18
-23	Rating Form B	II.T-19
-24	Rating Form C	II.T-20
-25	Functional Comparison: Human vs. Artificial Kidneys	II.U-2
-26	Guidelines for Hepatitis Prevention	II.U-9
-27	Items that Must Be Included in the Medical Record	II.U-22
-28	Conditions of Participation	II.V-24
-29	Health Clinic Evaluation Check List	II.Y-2
3-1	Things the Surveyor Must Know Prior to Survey	III.A-2
-2	Observational Surveys: Procedures	III.A-3
-3	Experiential Surveys: Procedures	III.A-5

LIST OF FIGURES (Cont.)

Number		Page
3-4	Guidelines for Conducting a Survey	III.A-7
-5	Specialist/Experienced Surveyor's Evaluation of Field Experience	III.B-1
-6	Part III: Final Evaluation	III.B-5
4-1	The 10 Regions and Regional Offices	IV-4
-2	Health care Financing Administration and the Regional Office	IV-5
-3	Regional Office Certification Process	IV-8
-4	Regional Office Adjudication of State Agency Certification Actions	IV-9

LIST OF TABLES

1	Abbreviations and Acronyms	16
2	Definitions	23

FOREWORD

Every newly employed health facility surveyor has a right to a comprehensive orientation program -- an orientation program that is an integral and viable part of the State Survey Agency operations. When carefully developed and thoughtfully applied, the orientation program will enhance the performance of each individual surveyor and State Survey Agency.

This new orientation program is customized to fit the individual needs of the new surveyors at each stage of their development whenever that need is identified by the surveyor or preceptor. The success of this program depends upon the full cooperation of the State Survey Agency director, supervisory staff, training coordinator, and preceptor; and the regional training administrator. It also requires the total commitment of the newly employed surveyor.

Walter Merten, Director
Division of Program Analysis
and Training

January 1980

PURPOSE

This program is designed to assist the newly employed surveyor to:

- Become a confident and contributing member of the staff of a State Survey Agency as rapidly as possible.
- Understand the intent of Medicare/Medicaid health and safety regulations.
- Comprehend the mechanics of the survey and certification processes.
- Develop survey skills necessary to evaluate a provider's or supplier's ability to meet the Medicare/Medicaid health and safety regulations.
- Apply the Medicare/Medicaid health and safety regulations in a consistent manner.
- Acquire information and skills background necessary for attendance at the basic and specialty courses.

AN OVERVIEW OF MEDICARE AND MEDICAID PROGRAMS

MEDICARE (Title XVIII) is a health insurance program for people 65 and older, and for some disabled people under 65. It is a Federal Government program administered by the Health Care Financing Administration (HCFA).

Medicare has two parts: hospital insurance and medical insurance. Medicare hospital insurance (sometimes called Part A) can help pay for medically necessary inpatient hospital care. Following a hospital stay, this insurance can also be applied for inpatient care in a skilled nursing facility (SNF), and for care at home by a home health agency (HHA).

Medicare medical insurance (sometimes called Part B) can help pay for medically necessary doctors' services, outpatient hospital services, outpatient physical therapy and speech pathology services, and a number of other medical services and supplies that are not covered by the hospital insurance part of Medicare. Medical insurance also can help pay for necessary home health services when hospital insurance is not authorized to pay for them.

Medicare reimbursement does not always equal the full cost of certain services covered by the contract. Moreover, the uncovered portion is likely to increase as health care costs rise. In some States, however, the Medicaid program reimburses those with very low incomes for authorized services not paid by Medicare. A number of States also permit payments by Medicaid for low-income people in the case of certain services not authorized under Medicare.

Medicare payments are handled by private insurance organizations under contract with the Government. Those organizations dealing with claims from hospitals, skilled nursing facilities, and home health agencies are called INTERMEDIARIES. Organizations involved in claims from doctors and other suppliers of services covered under the medical insurance part of Medicare are called CARRIERS.

MEDICAID (Title XIX) -- the welfare, medical assistance program -- is part of the Social Security Act. It provides services for certain needy and low-income people, such as the members of families with dependent children.

Medicaid is a Federal-State partnership, under which the individual States design their own programs within Federal guidelines. It is an assistance program which pays medical bills for eligible people with money derived from Federal, State, and local taxes.

Both the Medicare and Medicaid programs are the responsibility of the Bureau of Program Operations of the Health Care Financing Administration (HCFA).

INTRODUCTION TO THE ORIENTATION PROGRAM FOR THE NEWLY EMPLOYED SURVEYORS

The Health Care Financing Administration (HCFA) has established the Orientation Program developed by the Division of Program Analysis and Training as the official format for orienting a new employee within a State Survey Agency.

The subject matter to be learned and approximate time frames to be allowed for each "part" are outlined. The subject matter grouping is not intended to be a schedule; i.e., the order of presentation of "parts" is not restricted to the sequencing contained in the orientation program. This new orientation program is customized to fit the individual needs of the new surveyor as well as each State Survey Agency. For instance, if a State Survey Agency has an immediate need for the expertise of an R.N., the State Survey Agency will be able to expose an R.N. to the survey process within two weeks or less to survey Nursing Services.

The new surveyor should participate in an observational survey for each unit in the HCFA core. This allows the surveyor to become familiar with specific services, Conditions of Participation, coverage, and regulations covering that service/condition; and to complete the learning activities at the end of each unit. Time required to gain proficiency in various areas will differ according to past experience and training. For example, after two weeks, the newly employed nurse surveyor could be assigned responsibility for Nursing Services. The new surveyor should participate as an observer in the evaluation of other Conditions of Participation until he/she has properly completed the "HCFA Core" of training.

The "parts" cannot be distorted or diluted to fit the whims or philosophy of a preceptor or a surveyor. It is expected that the new surveyor will complete each unit as outlined in order to ensure that the objectives of each "part" or "unit" are realized. Although differences in surveyors and State Survey Agencies may warrant modifications of an established orientation program, deviations in content may be made only when they exceed or supplement the core material. The pattern of program scheduling can either contribute to or interfere with the type of results desired. It is the responsibility of the State Survey Agency coordinator and the regional office to provide training coordination for the efficient implementation and administration of this program. They must also ensure through effective supervision that each of the learning activities effects a maximum gain in knowledge, skills, and abilities for each new surveyor.

The surveyors' performance will be continuously evaluated during employment in the State Survey Agency by means of written and/or oral communications. No certificate will be awarded to any surveyor who fails to complete the "core" of this program. The regional office will utilize State Agency Evaluation Program quarterly visits, personal interviews, and direct surveys to evaluate surveyor performance.

To maintain the enthusiasm and interest of the surveyor throughout the entire program, the scheduling of parts should provide for a combination of reading and practical experiences. If several slides and tapes must be scheduled consecutively, variety may be provided by assigning a specialist -- e.g., nurse, dietitian, pharmacist -- to participate in the appropriate area of expertise.

The surveyor will be able to complete the program in a manner best suited to individual needs, talents, and abilities. Each "unit" of the orientation is complete with assigned reading and a variety of learning activities. However, a "unit" in a "part" should be related to other units in that section and to the overall objectives of the orientation program.

More effective learning will be realized if written assignments are coordinated with site experiences. Short lectures or explanations conducted on site are appropriate for many of the units in the program. References which support the program are listed; copies of each reference will be available to the surveyor and supplied by the State Survey Agency. They are intended for use as supplemental reading to enable the surveyor to support, identify, and document information related to specific units. An "orientation manual" will also be provided to each new surveyor. Although the references and learning aids listed in this program are considered adequate, the State Survey Agency and regional office may find it desirable to augment, improve, or make substitutions for these learning devices. They may also develop new ones that will increase the effectiveness of this orientation program.

The preceptor will conduct a briefing of each unit with the new surveyor and will emphasize the learning activities to ensure that the acquisition of knowledge for each new surveyor is achieved during the program. A planned follow-up on the surveyor's comprehension of the assignments will be conducted by the preceptor.

Surveyors, preceptors, supervisors, and training administrators should constantly evaluate the program and should seek out new and more effective methods, content, and techniques to facilitate improvements. The Central Office in Baltimore, Maryland, will take appropriate action when modifications in this orientation program become necessary because of revised developments. These may result from factors such as changes in regulations or because of needs that become evident through experience acquired while implementing the program. The types of changes and conditions under which they will be made are as follows:

- Type I changes are those dealing with the length of the orientation program. Factors necessitating such changes may result from new regulations or certain additions, deletions, or alterations which modify the objectives of the orientation program. DPAT must participate in the planning, development, and execution of these changes. They do not become effective until approved by the Director of HSQB.

- Type II changes are those within the established structure of the course. These might include learning emphasis affected by: new material, time reallocation for the program (other than minor adjustments), or new instructional procedures for administering the program. Approval by the Director of DPAT is necessary prior to implementation.

- Type III changes include: corrections of clerical errors; insertions of units and new tapes, slides, references, and publications, and additional techniques and suggestions to assist the surveyor. The Director of DPAT must be notified in writing of the nature of the changes, with sufficient information on the mechanics of the changes to enable the maintenance of an up-to-date text for the program. In order to avoid unnecessary paperwork, Type III changes may be accumulated. A revised unit will then be prepared only when the quantity or occasion warrants such action.

All regional offices will be kept posted of changes brought to the attention of DPAT and will communicate these changes to the State Survey Agencies.

All comments regarding this orientation program should be addressed to:

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ORIENTATION PROGRAM'S OBJECTIVES AND UNITS OF INSTRUCTION

1. PRIMARY OBJECTIVE

The primary objective of the orientation program for the newly employed health facility surveyor is his/her preparation to assume the responsibilities of this position.

2. BROAD OBJECTIVE

At the completion of this orientation program, the newly employed surveyor will be able to demonstrate acquired knowledge, skills, and abilities by:

- Performing effectively, efficiently, and independently in areas of observation, data collection, documentation, and evaluation; when assessing the performance of providers and suppliers participating in the Medicare/Medicaid programs.

- Uniformly imparting the Health Care Financing Administration philosophy and the intent of Federal regulations in face-to-face contact with providers and suppliers of health service.

New employees will develop skills required to perform their duties more effectively as health facility surveyors by: studying the survey and certification processes, reading Federal regulations, reviewing slides and listening to cassette tapes, and practicing survey skills under supervision.

3. HEALTH CARE FINANCING ADMINISTRATION (HCFA) CORE CURRICULUM

The HCFA core of the orientation program is divided into four parts and can be customized to fit the individual strengths and weaknesses of each new surveyor. The orientation should cover a four-month period, following which the surveyor will be presented with a certificate and an identification card at the successful completion of the program.

4. PROGRAM CONTENT

Part I - General Principles

Surveyor's role and responsibilities, indoctrination to standards and the survey/certification process, confidentiality, patient rights, technique of oral communication, basic data-collecting skills, and documentation of findings are outlined.

Part II - Survey Methods

Introduction to the regulations related to: administration; medical direction; nursing (patient management, patient care planning); diet; pharmacy; medical records; restorative service (patient activities, physical therapy, and occupational therapy); physical environment and disaster planning; and other selected Conditions of Participation and suppliers of service (Home Health Agency (HHA), End-Stage Renal Disease (ESRD), etc.) are outlined.

Part III - Field Experience

The process of surveying and the practice application of Part I and Part II are emphasized. The surveyor participates as a team member under supervision in assessing a variety of areas -- e.g., patient rights, nursing, medical records, etc. -- until all areas have been completed.

Part IV - Regional Office

Federal/State relationship in Title XVIII and XIX programs, description of Medicare/Medicaid requirements, organization and role of the Health Care Financing Administration in the survey and certification process, and the role and relation of the regional office to the State Survey Agency, and other selected topics identified by the regional office are covered.

ROLES AND RESPONSIBILITIES

STATE SURVEY AGENCY

The State Survey Agency has the overall responsibility for planning, coordinating, and supervising the orientation program for each new surveyor. The evaluation of the new surveyor should be the responsibility of the State Survey Agency with input from the regional office (RO) when appropriate. The RO will evaluate the new surveyor by observation and discussions during the orientation for regional and Federal programs. The State Survey Agency will also be responsible for appointing a preceptor and/or coordinator for the orientation program with assistance and guidance from the regional office.

As with any orientation program, it is necessary to explain to a new employee the specifics of the personnel rules and practices of the organization in which he/she is now a part. In addition, State codes, rules, regulations, survey operations, and organizations must be explained. The time and content of this portion of the orientation will be determined by each State.

TRAINING COORDINATOR

In States that have regional or field offices, the new surveyors may need to receive their training out in the region. Such situations will require a preceptor in each region and a coordinator in the State's central office. The coordinator will be responsible for communicating with the regional office and will be the liaison person for making arrangements for the regional training administrator to meet individually or with a group of persons enrolled at one time in the orientation training program for surveyors. If there is a coordinator in the State Survey Agency's central office and preceptors in the field office, a copy of the program plan of instruction for each new surveyor should be sent to the coordinator.

At the time all of the assignments, learning activities, and planned supervised surveys have been completed, the preceptor should send a summary of this effort to the coordinator, who in turn will inform the HCFA's regional office of the results. The coordinator will be responsible for communicating with the regional office regarding an ID card and certificate for each individual who completes the orientation training program.

The preceptor may also serve as coordinator in instances where the preceptor for a State is located in the State's central office and is responsible for orientation of all the new surveyors. However, this will not take place if the Director of the Licensure and Certification Program or the Chief of Service -- who has more direct contact with the regional office -- wishes to assume this responsibility.

PRECEPTOR

The preceptor is a person who has completed an orientation and a basic surveyor training program and has been responsible for completing a number of surveys. This person must attend a preceptors training program which will be sponsored by the regional office. The preceptor is charged with the orientation training for newly employed State surveyors, and is assigned the following responsibilities:

- Working with the new surveyor or surveyors to identify a programmed plan of instruction and schedule completion of the orientation training, and providing a copy of this plan to the coordinator or the person who is responsible for contact with the regional office.

- Meeting with each new surveyor as that surveyor completes the learning activities and reading assignments for each portion of the orientation program; writing an evaluation of the results of this conference as related to activities and reading matter covered.

- Making arrangements or assuring that arrangements are made for the new surveyor to survey specific portions of a facility under the guidance of the expert for that particular area or areas. (A minimum of three are surveys made with guidance.)

- Reviewing with the new surveyor previous survey reports for at least one good and one poor health care facility.
- Arranging or assuring that arrangements are made for the training administrator from the HCFA regional office to meet with the new surveyor(s). (This takes place some time during the four-month orientation time to relate the role and responsibility of the regional and Federal system to the State program.)
- Holding a final session with each trainee to summarize the results of the training effort; obtaining an overview of knowledge gained and skills acquired which are related to implementing a survey for facilities that participate in Title XIX and Title XVIII programs.

An evaluation of this effort must be documented and communicated to the regional training administrator. The documentation will include:

- Date employee was hired as a surveyor
- Date each subject matter was completed: learning activities, assigned reading, and experiential surveys
- Evidence that the newly employed surveyor was evaluated throughout the orientation program

GLOSSARY

This glossary includes a partial listing of popular abbreviations, acronyms, and definitions you will probably encounter during your professional activities. There will be many more which you will hear, or read, during the period of your orientation course. You will no doubt want to add them to this section for continuing reference. The glossary has two major sections: one treats acronyms and abbreviations (see Table 1). The second focuses on definitions (see Table 2).

Table 1. ABBREVIATIONS AND ACRONYMS

AAHA - American Association of Homes for the Aging

a.c. - Before Meals

ACHA - American College of Hospital Administrators

ACNHA - American College of Nursing Home Administrators

ACP - American College of Physicians

ACS - American College of Surgeons

ACSW - Accredited Social Worker

ADA - American Dietetic Association / American Dental Association

AHA - American Hospital Association

AHCA - American Health Care Association

AHFLCD - Association of Health Facility Licensure and Certification Directors

AHFSSA - American Hospital Food Service Supervisors Association

AMA - American Medical Association / "against medical advice"

A.M.T. - American Medical Technologists

ANA - American Nursing Association

ANHA - American Nursing Home Association

AOA - American Osteopathic Association, an accrediting body for osteopathic hospitals

APHA - American Public Health Association

ART - Accredited Record Technician

ASAP - As Soon As Possible

ASCP - American Society of Clinical Pathologists

ASHA - American Speech and Hearing Association

ASTHO - Association of State and Territorial Health Officers

b.i.d. - Twice Daily

BLUES - Blue Cross and Blue Shield

BP - Blood Pressure

c - Celsius

c. - Centigrade

ĉ - With

Ca. - Carcinoma (cancer)

cc. - Cubic Centimeter

CFR - Code of Federal Regulations, Federal Register
CHP - Comprehensive Health Planning
CNS - Central Nervous System
CO - Central Office
COTA - Certified Occupational Therapy Assistant
CRNA - Certified Registered Nurse Anesthetist
CS - Central Supply
CT - Corrective Therapist
C & T - Certification and Transmittal
CV - Cardiovascular
DD - Developmentally Disabled
DHEW - Department of Health, Education, and Welfare (Federal)
DL - Deficiency List
DNS - Director of Nursing Services
DON - Director of Nursing
DP - Distinct Part
Dx - Diagnosis
ECG - Electrocardiogram
EEG - Electroencephalogram
EENT - Eyes, Ears, Nose, Throat
e.g. - For Example
EH - Environmental Health
EKG - Electrocardiogram
ERA - Equal Rights Amendment
ESP - Economic Stabilization Program (by Cost of Living Council)
ESRD - End-Stage Renal Disease
F. - Fahrenheit (unit of temperature measurement)
FDA - Food and Drug Administration (Federal)
FFP - Federal Financial Participation
F.I. - Fiscal Intermediary
FSES - Fire Safety Evaluation System
FU - Follow-up
G - Gram
G.I. - Gastrointestinal

GYN - Gynecology
HB - Hill-Burton
HCFA - Health Care Financing Administration (Federal)
HEIFSS - Hospital, Educational or Institutional Food Service Society
HEW - Department of Health, Education, and Welfare
HHA - Home Health Agencies
HIM - Health Insurance Manual
HMO - Health Maintenance Organizations
HR 1 - 1972 Title XVIII and Title XIX Amendments
HS - At Bedtime (hours of sleep)
HSQB - Health Standards and Quality Bureau (Federal)
HX - Patient's Past History
ICF - Intermediate Care Facility
IHCF - Intermediate Health Care Facility
IL - Independent Laboratory
IM - Intramuscularly
IOC - Inspection of Care
IV - Intravenously
JCAH - Joint Commission on Accreditation of Hospitals
Kg - Kilogram
LPN - Licensed Practical Nurse
LPT - Licensed Physical Therapist / Licensed Psychiatric Technician
LSC - Life Safety Code
LVN - Licensed Vocational Nurse (see LPN)
MA - Medical Audit / Medical Assistant
MAR - Medication Administration Record
MBO - Management by Objectives
M.D. - Medical Director (doctor of medicine)
Meds - Medications
MH - Mental Health
MHA - Master of Hospital Administration
MI - Mental Illness
mm - Millimeter
MPA - Master of Public Administration

MPH - Master of Public Health

MR - Mental Retardation (now referred to in many areas as Developmentally Disabled) / Medical Review

MRA - Medical Record Administrator

MRT - Medical Review Team

MSR - Medical Social Review Team

MSW - Master of Social Work

MT - Medical Technologist

neg - Negative

NEHA - National Environmental Health Association / National Executive Housekeepers' Association

NFPA - National Fire Protection Association

NH - Nursing Home

NHA - Nursing Home Administrator

NHI - National Health Insurance

NIMH - National Institute of Mental Health

NP - Nurse Practitioner

NRC - National Research Council

NSF - National Sanitation Foundation

OB - Obstetrics

OFEPM - Office of Facilities Engineering and Property Management

OPD - Outpatient Department

OPT - Outpatient Physical Therapy

OR - Operating Room

OT - Occupational Therapy

OTC - Over the Counter Medications

OTR - Registered Occupational Therapist

PA - Physician's Assistant

Part A - Provider and Vendor Reimbursement - Medicare

Part B - Physician Reimbursement - Medicare

Path. - Pathology

PCP - Patient Care Policies

PCPC - Patient Care Policy Committee

PCV - Post Certification Visit

PCU - Patient Care Unit

PDR - Physician's Desk Reference
PEDS - Pediatrics
PERT - Program Evaluation Review Technique
PHARM. D. - Dr. of Pharmacy
PHS - Public Health Service
P.L. - Public Law
POC - Plan of Correction
POCFU - Plan of Correction Follow-up
POMR - Problem Oriented Medical Record
PPBS - Planning, Programming, Budgeting System
prn - Whenever Necessary
PSRO - Professional Standards Review Organization
PT - Physical Therapy
Px - Physical Examination
q. - Every
QC - Quality Control
q.d. - Every Day
q.h. - Every Hour
q.2h. - Every Two Hours (q.3h., q.4h., etc.)
q.i.d. - Four Times a Day
q.o.d. - Every Other Day
RCF - Residential (Domiciliary) Care Facility (this type of facility offers non-medical care)
RD - Registered Dietician
RN - Registered Nurse
RO - Regional Office
ROFEC - Regional Office Facilities, Engineering and Construction
R. Ph. - Registered Pharmacist
RPS - Registered Professional Sanitarian
RPT - Registered Physical Therapist
RRA - Registered Record Administrator
RRL - Registered Record Librarian (former title for RRA)
RS - Registered Sanitarian
RT - Recreational Therapist
RTA - Regional Training Administrator

Rx - Prescription or Treatment

S., sig.,
sign. - Let It Be Labeled

ŝ - Without

SA - State Agency

SAEP - State Agency Evaluation Program (formerly CPR)

SNF - Skilled Nursing Facility

SOB - Shortness of Breath, State Office Building, State Operations Branch

SOM - State Operations Manual

SOS - If Necessary

SRF - Survey Report Form

SSA - Social Security Administration (Social Security Act)

SSA - 1539 - Certification and Transmittal (C & T)

SSA - 1539B - Certification and Transmittal (second page)

SSA - 1561 - Provider Agreement

SSA - 2567 - Deficiency List

SSA - 2575 - Financial Solvency

SSA - 1516 - Application

SSA - 2567A - Follow-up

SSA - 2567B - Follow-up

stat. - At Once

Std. - Standard

SWD - Social Work Designee

t.i.d. - Three Times a Day

Title V - Maternal and Child Health Benefits

Title VI - Civil Rights Act

Title XVIII - Social Security Act - Medicare Program

Title XIX - Social Security Act - Medicaid Program

UBC - Uniform Building Code

U/R - Utilization Review

URC - Utilization Review Committee

- Female

- Male

1516 - Eligibility Request Form

1537 - Survey Report Form - Hospital
1539 - Certification and Transmittal
1569 - Survey Report Form - SNF
1666 - SSA Request for Additional Information (from State agency)
1861J - Distinct Part Determination
2567A - Report of Deficiency and Plan of Correction
2567B & C - Report of Follow-up

Table 2. DEFINITIONS

Accreditation - Verification that acceptable standards have been met (JCAH, e.g.)

American Specialty Boards - Boards of specialists approved by the AMA Council on Education that accredit physicians in specialties (e.g., Pediatricians, Obstetricians, Internists, etc.)

Authenticate - To prove authorship.

Bylaws - The policies and procedures under which a hospital or medical staff operates.

Committee-of-the-whole - The entire medical staff of a hospital acting as a single committee or committees.

Conditions of Participation - Federal standards which must be met if a provider desires to participate in Medicare or Medicaid programs.

Consultant - An expert in a given discipline who provides professional services or advice.

Consultation - The process where a consultant and provider exchange ideas and/or information regarding a specific situation which the provider or surveyor considers to be a problem area. The purpose of consultation is to resolve and correct this situation so that it becomes acceptable to the provider and survey agency.

Council on Dental Health - A national organization of dental health professionals and others interested in promoting oral hygiene.

Crossfile or Index - A file kept on the same patient population using different indexes or locators (e.g., alphabetical and age, sex, physician, diagnosis, etc.).

Deemed Status - A legal term that means that, in accordance with Federal law, hospitals accredited by certain bodies are in automatic compliance with all the Conditions of Participation contained in the Hospital Survey Report form except for the utilization review. This means that the State Survey Agency does not normally conduct surveys and complaint investigations for any part of the Hospital Survey Report form except the Utilization Review. Mental hospitals are an exception to the foregoing.

Deficiency - Failure to meet a specific standard.

Disposition Sheet - A clerical device to allow for an accounting of the receipt and disposition of certain drugs, such as Schedule IIs and narcotics. This sheet may not necessarily be a part of the patient's medical record.

Drug - A chemical substance used to alleviate or alter a course of illness.

Drug Administration - An act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's orders, giving the individual dose to the proper patient, and promptly recording the time and dose given.

Drug Dispensing - Issuance of one or more doses of a prescribed medication in containers that are correctly labeled to indicate name of patient, contents of container, and all other vital information needed to facilitate correct patient usage and drug administration.

Drug Interactions - The phenomenon which occurs when the action of one drug is modified by the prior or concurrent administration of another (or the same) drug.

Drug Reactions - The body's response to a medication, such as the allergic reaction to penicillin experienced by many people.

Drug Schedules - Grouping of certain drugs under the Comprehensive Drug Abuse Prevention Act of 1970 by their relative addicting qualities. Schedule I is extremely addicting and has no known medical value. Schedule II is addicting but does have redeeming medicinal qualities. Schedules III, IV, and V possess decreasing addictive characteristics. The surveyor will not, under normal conditions, ever encounter Schedule I drugs. Not all schedules drugs are narcotics (e.g., amphetamines), but all narcotics are listed as Controlled Substances.

Drug Systems - Floor Stocks: Medication which is delivered to and stored by the facility in stock bottles for use by all patients. The nurse removes a single unit of drug from the large stock bottle to satisfy the needs of a particular patient at a particular time. These are OTC drugs only, unless stored within the pharmacy.

Drugs, Controlled - Drugs listed as being subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970.

Drugs, Dispensing of - An act entailing the interpretation of an order for a drug or biological and, pursuant to that order, the proper selection, measuring, labeling, packaging, and issuance of the drug or biological for a patient or for a service unit of the facility.

ECFMG - Educational Council for Foreign Medical Graduates: The organization responsible for formulating the examination which State licensure boards give to license graduates of all foreign medical schools except those in Canada. This term also refers to the examination itself.

End-Stage Renal Disease - The irreversible and permanent stage of renal impairment that requires a regular course of dialysis or kidney transplantation to maintain life.

Exit Conference/Interview - Meeting of survey or team or survey with facility staff at the end of a survey to discuss or review survey findings and develop a plan of correction.

FLEX - Federal Licensure Examination: The national medical licensure examination prepared by the Federation of State Medical Boards and used by some State licensure boards to license physicians.

Histocompatibility - Laboratory test procedures which determine compatibility between a potential donor organ and a potential organ transplant recipient.

Home Health Service - Organized health services delivered in a place of residence.

Independent Medical Audit - The same as the Independent Professional Review except that the review includes patients under Medicare as well as Medicaid.

Independent Professional Review - An evaluation of a review team to determine the quality of patient care under the Social Security Act and its amendments.

Individual, Prescription (filled) - A labeled container, holding an entire course of medication or that total amount of medication ordered by the physician for a specific patient.

Inspection of Care - Any process that evaluates the quality/level of care.

Intermediaries - Fiscal agencies such as private insurance companies or the Federal Government.

Levels of Care - Refers to individual levels of health facility and related institutional care consistent with professional health and medical care concepts and practices as well as current health programs and legislation.

They are:

1. Institutional room and board.
2. Intermediate supervised personal care.
3. Intermediate nursing care.
4. Skilled nursing care.
5. Hospital or acute care.

Limited Access Certificate - Temporary certificate sometimes granted a health care facility with deficiencies because no certified facilities are available in the immediate area.

Locum Tenens - Latin for "he holds a place." This is another name for temporary privileges.

LPN/LVN - Licensed Practical Nurse/Licensed Vocational Nurse: An individual licensed by the State to function as a practical/vocational nurse by: (1) graduation from an approved school of practical/vocational nursing and successful completion of an examination; (2) waiver with experience and successful completion of an examination (State or PHS); or (3) waiver with experience only.

Medication Sheet - A sheet belonging to the patient's chart which indicates what medications have been ordered, and given.

Minutes - A record of business introduced, transactions and reports made, conclusions reached, and recommendations. A copy is filed in the Committee Report Book.

Narcotics - A drug which has pain relieving abilities. All narcotics are to some limited degree addicting.

Nursing Service - Patient care services pertaining to curative, restorative, and preventative aspects of nursing that are performed and/or supervised by a registered nurse pursuant to the medical care plan of the practitioner and the nursing care plan.

Organized Medical Staff - A formal organization of physicians (and in some cases, dentists) with the delegated responsibility for and authority to maintain proper standards of medical care, and to plan for the continued betterment of that care, in a hospital.

Patient Profiles - A system of drug information maintained by the pharmacist pertaining to a particular patient to enable him to monitor that patient's drug regimen. Also refers to dietetic profiles.

Patient/Resident - Patient refers to persons admitted to health care facilities which provide continuous professional nursing service and have need for organized medical staffs or its equivalent. Examples: hospitals and skilled nursing facilities.

Resident refers to persons admitted to medical and nonmedical facilities that furnish regular and frequent but not continuous medical and nursing services, and furnish continuous supportive, restorative, and preventive health services. Example: intermediate care facility.

Policy and Procedure Manual - Generally, a notebook containing the objectives of each department or service, and the steps to be used to achieve those objectives. (What the facility is going to do and how it is going to do it.)

Privilege - The certification of a physician by the Credentials Committee of a hospital. This entitles him/her to practice in that hospital and delineates those medical procedures for which the committee considers him/her qualified.

Provider - Any facility which provides care; e.g., hospitals, laboratories, skilled nursing facilities, etc.

"Qualified" - A person who is licensed, certified, or accredited by a licensing body, the State government, or a professional association to carry out certain specific activities.

Record Review - The examination of medical records in a health care facility.

Regional Office - One of the ten Federal offices under DHEW which helps State agencies by providing technical and administrative assistance in auditing State Survey Agency certification actions.

Regulations - Requirements or standards established by State, Federal or local agencies pursuant to law and having the effect of law.

Rural Health Clinic - A facility operating under the general direction of a physician, located in a rural area, which provides outpatient primary care.

Shall or Must - Terms used to indicate a mandatory statement of the only acceptable method under the present standards.

Should - A term used in interpretation of a standard to reflect the commonly accepted method, yet allowing for the use of effective alternatives.

Single State Agency - The State agency which administers Medicaid.

State Operations Manual - Policy and procedural manual for Medicare/ Medicaid survey and certification.

State Survey Agency - The State agency which supervises the survey and certification processes.

Statutory Requirements - Those passed by Congress and signed into Federal law; also refers to State laws.

Substantial Compliance Certificate - Temporary certificates sometimes granted to a health facility with deficiencies if all statutory requirements are complied with and no immediate health hazard exists.

Title XVIII - Pertaining to the Medicare program. This is a health insurance program for individuals over 65 years of age or disabled Social Security recipients.

Title XIX - Pertaining to the Medicaid program. This is a State program for the medically indigent, i.e., aid to the disabled, aid to the blind, old age assistance, aid to dependent children and welfare recipients.

Title XIX Agency - The State Agency administering Medicaid under the Social Security Act and its provisions and amendments.

Uniform Fire Code - A supplemental document to Uniform Building Code which deals primarily with the fire-safety aspects of building construction.

Unit Dose - A single dosage form enclosed in some form of container, such that the contents constitute the entire dose for that patient at that time.

A. POLICIES AND PROCEDURES AND RELATIONSHIP OF STANDARDS TO PROVIDER/SUPPLIER PERFORMANCE

As you have probably ascertained, your primary surveyor function will be to determine if a facility is in compliance with State and Federal regulations. Since many of the standards comprised in the Federal Medicare/Medicaid regulations are objective, arriving at some decisions will not be difficult. For instance, you can determine if a facility is licensed by the State through simply observing its license. Compliance with other standards, however, will be more difficult to determine, because some standards require subjective judgments. Consequently, it is necessary that you have a basic understanding of these terms: standards, policies, procedures, and performance.

1. STANDARDS

Let's begin with the term "standards," inasmuch as these are basic requirements or criteria established by a regulatory agency outside the facility. Since you will be dealing primarily with Medicare/Medicaid regulations, you will often use this term in reference to the standards required for participation in Medicare and Medicaid. Each Condition of Participation for a provider/supplier is subdivided into "standards" and "elements," which further amplify the condition. For intermediate care facilities (ICF's) and institutions for the mentally retarded or persons with related conditions (IMR's), there are only standards and elements.

These standards are designed to measure a specific type of provider or supplier in terms of ability to furnish a service and the quality of performance. It is up to each provider/supplier to determine its own goals and objectives of the service and to develop policies and procedures for meeting these goals and objectives.

2. PERFORMANCE

If a facility has a good policy and procedures manual, it indicates a potential for providing high quality care. You should not assume, however, that quality care is actually being provided. The real test of quality care is the actual provider performance. The term performance means the actual, demonstrated, and realized events which take place in the facility. A health facility administrator may have great intentions; but if he cannot implement good policies and procedures, his performance will not be good. The most difficult part of your job will be the making of judgments about a provider's performance.

There may be several possible reasons why a provider's performance is not acceptable, even though the procedures manual is of excellent quality. They may be: a lack of motivation of the staff, a breakdown in communications, or an ineffective administrator.

Read the case study in Figure 1-1, answer questions, and discuss with supervisor.

Figure 1-1. Case Study

A smear taken from a kitchen wall in one facility showed an excessive bacteria count, which indicated a deficiency in the kitchen. When the cook was questioned, he reported that he took smears weekly and sent them to the laboratory, but that he had never received a report which told him to take more stringent measures with regard to cleanliness. The surveyor then checked with the laboratory technician, who reported that he had been sending his reports to the facility administrator's office. At the administrator's office, the surveyor discovered that the office clerk did not know that he was supposed to send a copy of the report to the cook, and he had simply filed the report.

Assuming the facility has a written procedure:

- State the problem.
- What caused the problem?
- What sggestions would you make to correct the problem?
- What in-service change would you recommend?
- What comment would you make regarding the performance of: cook, lab technician, office clerk, administrator?

3. AN OVERVIEW - FEDERAL RULES AND REGULATIONS

Policy formulation, general management, and operational aspects of health programs, specifically for survey and certification aspects of Medicare (Title XVIII) and Medicaid (Title XIX), are delegated by the Secretary of the Department of Health, Education, and Welfare to the State.

The State Survey Agency, under agreement, is used to conduct on-site visits to determine provider/supplier compliance with Federal regulations; completes the required survey report forms; and submits the appropriate form to the HCFA regional office.

The state operations manual (SOM) and regional office manual (ROM) detail the methods which are to be used in following the Federal survey and certification requirements. These manuals serve a host of purposes, some of which are to:

- Provide guidance to the State in determining compliance with Federal health and safety laws and regulations
- Serve as a collection of pertinent data aimed at standardizing administrative judgments
- Detail how programs are to be accomplished
- Establish formats acceptable to the Federal Government prior to the submission of documents detailing costs to be reimbursed

The philosophy of the policy and procedure manuals can be summed up as one of attempting to standardize the application of Federal regulations while maintaining freedom for each State to implement licensure regulations suited to its own citizens.

4. REGULATIONS AND RULES AS THEY RELATE TO PROVIDERS/SUPPLIERS

A statutory requirement is a law which has been adopted or decreed by a

Federal, State, or municipal body. Statutory requirements, "laws," or any of these requirements cannot be waived by a lesser authority. Since the regulations incorporate the requirements for State licensure, any additional requirements in State licensure must also be met for approval of certification.

Regulations seek to interpret the intent and meaning of law. Since they are legally based, they have the effect of law once they are adopted and approved, and violations may be punishable offenses. Rules and regulations are developed by the agencies mandated to carry out the intent and meaning of the law and are intended to assist in discharging these responsibilities.

Certain Federal rules and regulations, which are now procedurally "Laws of the Land" when they pertain to the delivery of services by health care providers, are known as Conditions of Participation. When applied to health care suppliers, they are know as Conditions of Coverage. By definition:

> A condition of participation/coverage is described in published Federal regulations and sets forth requirements (i.e., conditions) which must be met before the provider/supplier may be certified and reimbursed from Federal funds for services rendered, specifically under Medicare and Medicaid programs.

Conditions of Participation/Coverage are subject to interpretations, and in many instances to collective professional judgments. You must likewise be aware that the ICF and IMR standards also are subject to interpretations and collective professional judgments. Regulatory bodies are similarly aware and frequently publish formalized interpretations aimed at updating and clarifying existing standards. The philosophy here is one of uniformity.

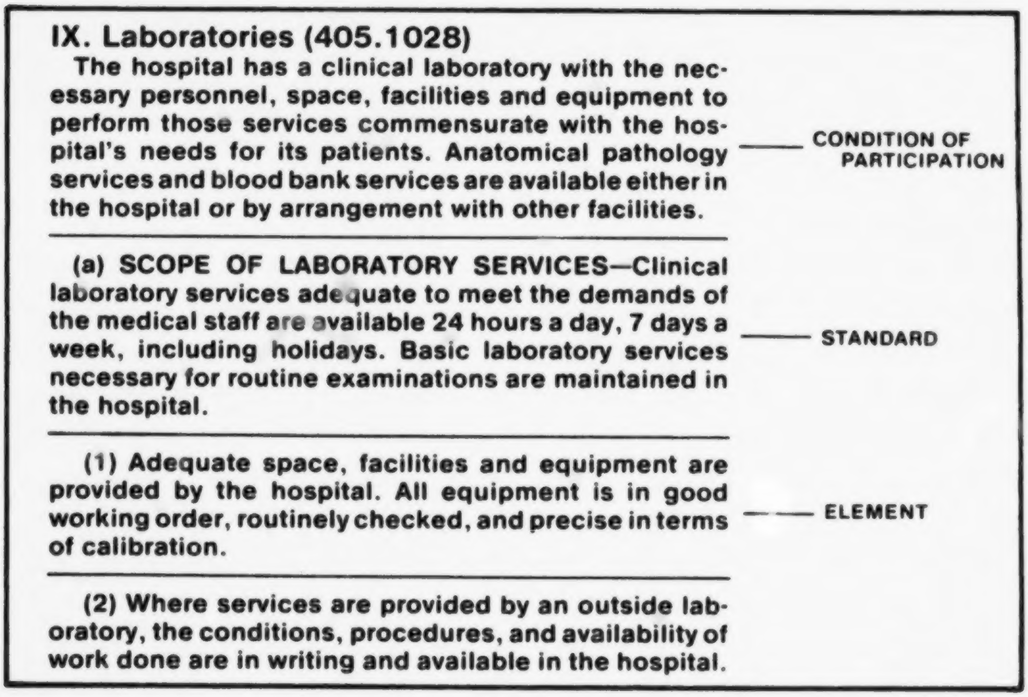
All providers and suppliers must meet statutory requirements. However, providers/suppliers found by the survey-review process to have deficiencies may be certified if they have an acceptable plan of correction.

By definition:

> A deficiency is an area in which a provider/supplier has failed to comply with a standard of performance.

As a surveyor, it will be your responsibility to determine provider/supplier compliance with each condition and for ICF and IMR each standard. To assist you in this task, HCFA publishes survey report forms which detail those areas you must survey. To illustrate, let us consider 405.1028 Condition of Participation: LABORATORIES (Figure 1-2). Each Condition of Participation is subdivided into "standards" and "elements" which further amplify the condition.

Figure 1-2. Conditions of Participation: LABORATORIES



IX. Laboratories (405.1028)

The hospital has a clinical laboratory with the necessary personnel, space, facilities and equipment to perform those services commensurate with the hospital's needs for its patients. Anatomical pathology services and blood bank services are available either in the hospital or by arrangement with other facilities.

(a) SCOPE OF LABORATORY SERVICES—Clinical laboratory services adequate to meet the demands of the medical staff are available 24 hours a day, 7 days a week, including holidays. Basic laboratory services necessary for routine examinations are maintained in the hospital.

(1) Adequate space, facilities and equipment are provided by the hospital. All equipment is in good working order, routinely checked, and precise in terms of calibration.

(2) Where services are provided by an outside laboratory, the conditions, procedures, and availability of work done are in writing and available in the hospital.

5. PROVIDER/SUPPLIER POLICIES

The Conditions of Participation/Coverage and standards for ICF's and IMR's require that the facility have written policy statements. These statements constitute a commitment that the facility will attempt to achieve the specific goals or objectives which the facility itself has established. Policy statements will vary in comprehensiveness: they range from policies which govern areas of service provided by the facility to those which deal with registering complaints. The content of policy statements will be influenced not only by Federal standards, but also by other levels of government and by private organizations. Organizations which register professional personnel may have standards of their own, which the provider should consider when developing the policy statements. Provider associations' standards might also have an impact on policy content. These statements should be made readily available to the staff, the patients/residents, and the public. Good policy statements should at least reflect the requirements of Federal and State standards. A facility must comply with its own policies.

6. PROCEDURES

Federal standards also require that all facilities participating in Medicare and Medicaid have procedure manuals. Although some facilities combine their policies and procedures into a policy and procedures manual, you should know that policies and procedures are not the same. While a policy is a written commitment by the facility to achieve certain internally developed goals, a procedure is the planned methodology by which the facility attempts to achieve its stated policy. In short, a policy is what the facility hopes to do, while a procedure is how it plans to do it. A good procedures manual should include enough detail to instruct the staff on methods of providing quality care. You can be of benefit to an administrator during the survey process by mentioning weaknesses in his policy and procedures manual and by helping him to improve it. Since procedures actually instruct personnel on how to do their jobs, most administrators want a good procedures manual. If, on the other hand, the facility already has a satisfactory policy and procedures manual, it is your responsibility to determine if it is being implemented in the provider's performance. Remember, you should never assume that a facility's performance is acceptable simply because its policy and procedures manual is good.

- Example - A facility has the following policy: all patients and family will be informed of the nursing care provided, and the patients will be assisted to adjust to their new environment.

You can easily see how a facility can meet the minimum standard concerning admission of patients by listing four specific goals to be accomplished. (See Figure 1-3.) After this are listed sixteen detailed procedures to be used to accomplish the policy. (See Figure 1-4.)

Figure 1-3. Admission of a New Patient -- Goals

1. To insure that patients receive a courteous welcome.
2. To give patients confidence and allay fears.
3. To secure the safety of patients and their belongings.
4. To reassure patients, relatives, and friends of the high quality of nursing care provided.

Figure 1-4. Admission of A New Patient -- Procedures

PROCEDURES	EXPLANATORY NOTES
EQUIPMENT:	
1. Complete, clean unit	
2. Thermometer	
3. Sphygmomanometer and stethoscope	
4. Scales	

Figure 1-4. Admission Of A New Patient -- Procedures (Continued)

ACTIVITIES	
1. Greet the patient cheerfully and introduce yourself.	
2. Accompany the patient to the assigned room.	
3. Introduce him/her to the other patient(s) in the room.	
4. Check to see if the patient has an I.D. band.	4. In the event the patient does not, one may be obtained from the admitting office.
5. Fanfold covers to the foot of the bed.	
6. Ask patient's relatives to step out. Assist the patient to bed.	
7. Observe the patient for general cleanliness, burns, rashes, decubitus, boils, infections, or any unusual condition. Check for paralysis or impaired use of limbs. Inquire if patient has history of allergies.	
8. Take TPR, BP and weight. Record immediately and report to nurse.	
9. List all of the patient's belongings on the patient's clothing list sheet and return it to the desk.	9. If personal laundry is to be done at the facility, mark all the patient's belongings.
10. Encourage relatives to take all valuables home.	
11. Explain the nursing center's routine.	11. Check signal light; see that it is easily accessible to the patient at all times.

Figure 1-4. Admission Of New Patient -- Procedures (Continued)

12. Fill water pitcher, if permitted.	
13. Arrange patient's chart in the following order: a. Certification b. Face Sheet c. Order Sheet and Progress Notes d. Graphic Sheet e. Medication Sheet f. Nurse's Notes g. History and Physical h. Laboratory Sheet	
14. Chart for admission.	14. a. Fill in all sheets on the chart with patient's name, hospital number, date, room number, and attending physician. b. On the nurse's notes: 1) Date and time of admission. 2) TPR, BP, and weight. 3) Method by which patient arrived. 4) Chief complaints and observations.
15. Note orders.	15. Note orders on Kardex, make out cards and laboratory slips.
15. Order medications from pharmacy.	16. List medications ordered in the Drug Order Book.

7. ESSENCE OF STANDARDS

Federal standards for participation in Medicare and Medicaid programs determine what a facility should do in order to participate in the programs. They describe the structure, in terms of both physical plant and organization, that a facility must possess in order to support its purpose in health care.

Standards are created to control, to establish minimums or maximums, to guide action, and to improve procedures. But most importantly, they are intended to be realistic rather than merely legalistic. A surveyor must avoid using standards as a punitive device and yet must insist that standards be met.

It may be well for the surveyor to think of standards in terms of expectations.

Surveyors of health care facilities are concerned with three aspects of standards: capacity, performance, and product.

Capacity concerns the physical plant, the professional and non-professional staff and the equipment. Performance, which at the standards level leads to certification, represents how the capacity of the facility is utilized; and product is based on the maintenance of the patient's well-being.

Performance is a much more complex judgment for the surveyor to make than is a judgment of capacity. Nevertheless, you can and must do it.

In matters of judgment, in terms of the survey process, you would do well to interpret all standards as a means toward provider improvement. In the survey, you have to attend to several facets inherent in standards:

- You have to determine capacity.
- You have to identify performance.

- You have to observe the product of the performance.
- You have to work for provider improvement.

The survey process itself can be viewed as an orderly process of gathering information that will lead to provider improvement.

The order of this process in terms of standards may be looked at in the following manner:

- Capacity - This is determined, in part, through a desk audit.
- Performance - Records are checked to determine whether or not procedures are being followed.
- Observation - This is gathered by touring the facility, by talking to supervisors, staff and patients/residents, by inspecting service areas, by checking sanitary conditions, etc. The aim, of course, is to determine the actual conditions and to verify performance, and then to make judgment as to whether standards are being met.

B. CONFIDENTIALITY, COURTESY, AND CONDUCT IN THE FACILITY

OBJECTIVE

TO INFORM THE SURVEYOR OF CERTAIN STANDARDS OF COURTESY IN FACILITIES AND THE NEED TO PROTECT CONFIDENTIAL INFORMATION.

As a surveyor, you will have access to confidential information on facilities, their personnel, medical staff, patients, and State agency matters. It is a critical responsibility of your position that you protect this information. Confidentiality is a matter of professional conduct and is supported by State and Federal laws.

Personal survey notes will sometimes require names of patients, physicians, or personnel to assure complete data collecting. If the provider/supplier needs names to correct a problem, you may furnish that information to him orally; but names cannot be included in Medicare/Medicaid reports or licensure letters. When possible, use room numbers or patient identification numbers rather than names, even in personal notes. Facility personnel are more appropriately designated in writing by title rather than by name. Nevertheless, it is even better to avoid naming a specific person by proper wording. Example: "The 3-11 medication nurse on A wing was charting medications before they were administered to the patients on A wing."

Information about a facility and its patients should never be discussed with anyone outside that facility or outside your office. Sometimes personnel and providers/suppliers inititate a discussion or questions about other facilities. In that case, it is best to reply with a general nondescript answer. If they pursue it, say: "We're not at liberty to discuss other facilities any more than we are to discuss your facility with others."

A provider will occasionally introduce financial matters. It is not appropriate for your office to enter into a facility's finances.

Other standards of conduct involve observing the facility's rules on:

- "No Smoking" areas
- "No Food or Drink" areas
- Restricted areas

Surveyors who do not survey the restricted areas should avoid them. If you must enter a restricted area such as central supply, labor, emergency room, or coronary care while a patient is present, have the nurse proceed ahead of you and make certain that no problems will result. If you enter dietary areas, you may be expected to wear a hair net.

Inquire of hospital personnel concerning what special clothing is needed. (It depends on when the next procedure is and whether or not the area has been cleaned.) Try not to check these areas when there is a procedure ongoing or when sterile packs are open and ready. Always ask the administrator or director of nurses what would be the best time to visit these areas.

In addition to observing the above facility rules, you should follow criteria shown in Figure 1-5.

Figure 1-5. Behavior While Inspecting a Health Facility

- Do not go into an area when a physician is examining a patient.
- Be quiet and brief.
- Do not make critical comments in front of the patient.

Figure 1-5. Behavior While Inspecting a Health Facility (Continued)

- Do not disturb the patient. (But if he/she is obviously aware of your presence, the patient will be more at ease if you just pleasantly say hello.)
- Do not interrupt critical precise activities such as mixing IVs, giving meds, counting controlled substances, meal tray assembly, lab tests, etc.
- Do not criticize employees from the State agency, the regional office, or regulations in front of providers.
- Avoid political discussions with providers.

If more than one person must interview a person, coordinate with other surveyors and agree upon a time to meet with them so that you and a teammate are not competing for someone's attention. Listen to your teammates as well as to personnel in order to avoid interrupting or presenting a question that has already been asked.

C. DATA-COLLECTING SKILLS, TECHNIQUES, AND METHODS

1. INTRODUCTION

Several sources of information are available to you prior to and during the survey that will help you determine a facility's compliance with the regulations. Previous survey report forms, statements of deficiencies, plans of correction, and other information contained in the provider/supplier file should be reviewed prior to the survey.

In order to compile the most complete information from all sources, you must learn certain skills, techniques, and methods so as to separate information which is relevant from information which will not be useful. Since you will learn many of these skills from experience, you will probably make a few mistakes before you learn how to use your resources in the most advantageous way. This unit will provide some guidelines to help you use basic data-collecting skills more effectively.

OBJECTIVE - UPON COMPLETION OF THIS STUDY UNIT, YOU WILL BE ABLE TO IDENTIFY THE SOURCES OF INFORMATION USED FOR DETERMINING COMPLIANCE AND TO DESCRIBE THE BASIC SKILLS, TECHNIQUES, AND METHODS THE SURVEYOR SHOULD USE TO OBTAIN ESSENTIAL DATA.

Although the final assessment of a provider's/supplier's performance will be subjective, there are certain methods and techniques which can help you arrive at a justifiable decision based on objective observations. After you examine the provider's policy and procedure manuals, you must then check to see if the procedures are being used by the staff. One obvious method is to observe the staff as they carry out their jobs. Another is to interview both the staff and the patients, when possible. Reviewing records and documents is still another way of assessing performance. You can also use one of these methods to verify the information obtained from another method. Although an examination of records may indicate that a certain procedure is being used correctly, a brief interview with a staff member may contradict the information that is in the records. In such a situation, you will have to investigate the problem more extensively.

When you are collecting data during a survey, you should distinguish between data which are objective facts, such as data taken from written documents or data from instrument readings, and subjective material, such as data from interviews and observations. Obtaining objective facts is a much safer and easier method of collecting data, but facts do not always tell the whole truth.

You must both observe and listen to the patients and personnel to understand the general attitude of the facility. If the personnel or the patients are discontent, this is usually an indication that the highest quality of care is not being provided. You will have to make a conscious effort to improve your speaking, listening, and observational skills in order to recognize both existing deficiencies and potential deficiencies.

2. TECHNIQUES OF ORAL COMMUNICATION IN THE SURVEY

Health facility surveyors use communication continually in the process of meeting their professional responsibilities. This unit presents some helpful information which will make your communication process more successful. The unit is concerned with strategies for successful informative and persuasive communication as well as the characteristics of positive and negative communication approaches during the health facility survey.

a. OBJECTIVES - TO IMPROVE THE SURVEY BY LEARNING HOW TO TALK, COMPLIMENT, AND CRITICIZE SO AS TO ACHIEVE THE MOST EFFECTIVE COMMUNICATION POSSIBLE.

Communication means knowing when and how to:

- Talk
- Criticize

- Compliment
- LISTEN

Remember, "IT'S NOT WHAT YOU SAY BUT HOW YOU SAY IT."

Listening to conversations among the staff will give you an indication of problems and areas of strength.

Ask the provider/supplier if there are problems you can help solve, since one of your responsibilities is to help the provider. This interested and willing attitude should be expressed during the entrance interview and should be continued through the visit. Administration is more likely to be cooperative if there is the feeling that you can help, not just criticize.

Now some general communication guidelines will be presented, which include the following:

- Keep language simple.
- Ask questions.
- Give compliments.
- Make criticism.
- Be persuasive.

To keep language simple:

- Don't use jargon or abbreviations.
- Don't use words which are not generally understood.
- Don't talk so much that you overwhelm or confuse.

Remember to ask specific questions that require an explanation. Ask WHO, HOW, WHAT, WHY, WHEN, and WHERE something is done, rather than just if it is done.

Compliments are another essential part of good communication, since they indicate to the provider/supplier that you are looking for good points as well as deficiencies. Consequently, when you have to make criticisms, he will accept them more readily. Be very specific in your compliments because they give your evaluation credibility as an objective statement of the situation. Complimenting one department may present others with a better example to follow -- such as how to write procedures.

Criticisms are more pleasant if presented constructively with suggestions and alternatives. That method also offers the provider/supplier an opportunity to question you or to obtain more details. If the provider/supplier rejects your suggestions, don't become emotional. He may have a better or different idea, or there may be facts you don't know. Remember that if you become emotional, the other person usually does too, and a communication breakdown results.

Being persuasive involves a concept called active listening, which combines the following:

- Be aware of the speaker's reaction, unspoken communication or body language.

- Pay close attention.

- Don't half listen while rehearsing your reply or next question.

- Don't interrupt.

- Don't assume.

Reviewing these communication concepts frequently until they become a habit will make your surveys more pleasant and successful.

Remember, "IT'S NOT WHAT YOU SAY, IT'S HOW YOU SAY IT."

b. Interviewing - Interviewing staff and patients is an extremely useful technique for obtaining information, but it is also a difficult technique to perfect. Interviewing involves both speaking skills and listening skills. Never use slang or vulgarity when you are conducting an interview; never be too verbose. Always keep your language clear and accurate.

Leading questions, used discreetly, can be a very effective tool. To determine, for instance, whether or not a time span of less than 14 hours exists between an evening and morning meal, you might ask, "When is the morning meal served?" You might then inquire, "At what time do the evening dietary employees get off duty?" Although this can be a good technique, you should be careful not to indicate the answer that you expect. An employee might reply to a leading question with that which he thinks you want to hear, rather than with a true answer. Try to ask questions that need an explanation in response, rather than a simply "yes" or "no" answer. You should query, "How do you do this?" rather than "Do you do this?" Always state your questions clearly and be sure the employee understands your questions. Think before you speak and never interrupt when someone else is speaking. The last rule to remember is: Don't talk too much. You are there to gather information, and this is impossible to achieve, unless you are quiet and listening.

Interviewing is a process which should include all of the following parts:

- Preparation - Review records; get the background of a situation; find out peoples' names and positions.

- Opening - Establish rapport; explain who you are and why you are there.

- Questioning - Frame questions so as to derive the most accurate answers and in a logical sequence.

- Closure - Indicate clearly that the interview is over and identify that which will follow.

It is essential to understand the types of questions, in order to help you phrase your questions effectively. Each type is discussed below with examples.

- OPEN - This type leaves respondent free to answer fully in his own way. Ex: Tell me (or show me) how you set up and pass medications.

- CLOSED - This type limits the manner in which respondent may answer, usually with a yes or no. (These should be avoided except on specific points, because they limit the information obtained, and a series of them makes the respondent feel he is being drilled.) Ex: Do you sanitize the dishes properly?

- PRIMARY - Begin an area of questioning. (These are usually open questions and are rather general.) Ex: The example used for an open question applies.

- SECONDARY - Follow-up on responses to primary questions or to elicit responses on specific points. (This is where closed questions may be appropriate.) Ex: Do you also have med cards for prn medications?

The following techniques are useful in conjunction with secondary questions:

Simple encouragement - Pursue with a nod or a "such as?"

Reflective probe - Pick something out of the answer and bring it up for further discussion.

  - Mirror question - Take a response and feed it back. Ex: "Let me be sure I have this right . . ." Rephrase, summarize, restate to confirm and validate.

  - Probe for incomplete response - "What's the next step?" or "Who performs that task?"

- NEUTRAL - This type is not shaded or directed by the interviewer and is designed to eliminate bias. These are very beneficial. Ex: Which type of dispensing record do you use, and what information does it contain?

- DIRECTED - This is intentionally or unintentionally shaped by the interviewer to affect the outcome. It may be leading or loaded.

  - Leading - points the way to the desire response
    ex: You don't smoke in here, do you?
    Wrong - You carry the drug keys, don't you?
    Right - Where are the drug keys kept?

    Loaded - uses labels or entrapment
    ex: Is the administrator dishonest, or just incompetent?

CAUTION: Leading and loaded questions should rarely be used in surveying and then only by very skilled interviewers.

To sum up, the following illustrates how the phrasing of a question determines the accuracy and completeness of the answer:

Wrong -
Q. Does a nonpharmacist dispense drugs from the pharmacy after the pharmacist leaves?

A. No, of course not.

Right

Q. What if you run out of a patient's medication when the pharmacist isn't here?

A. Oh, the patient doesn't miss his medicine, because the cook has the pharmacy key and dispenses the drug.

A handy reference for field visit interviewing is found in Figure 1-6.

Figure 1-6. Guide to Field Visit Interviewing

BASIC CRITERIA FOR THE INTERVIEW PROCESS

1. The interview is a controlled conversation. The element of control rests almost entirely with the interviewer.

2. The interview takes place at a specific time and location. In the field, the interviewer usually controls the time, but not the place. In the office--when individuals apply for licensure--they control the time, but not the location.

3. Each participant plays one or more roles. The State Survey Agency representative may be any or all of the following:

    a. Surveyor – Obtains information but does not draw conclusions

    b. Interviewer- Obtains and furnishes information, and controls conversation

    c. Evaluator- Makes observations and exercises judgment

    d. Enforcer- Applies standards and sanctions

    e. Inspector – Denotes enforcement (This is how State Survey Agency representatives are usually seen by the facility they visit.)

    f. Consultant- Coequal professional person who is welcome (This is how we like to see ourselves. This role may encompass portions or all of the preceding roles.)

It is important to remember that switching roles constantly during the interview may confuse the interviewee. The interviewer must decide the timing and sequence of his roles to produce the greatest effectiveness. If he is the enforcer early in the interview, he may find it difficult to be the consultant later on.

Finally, you must interview the patients to understand their general impressions and attitude toward the facility If all -- or most -- of the patients are discontented and unhappy, this may indicate that the quality of care for these patients is not adequate. Patients are sometimes confused and misinterpret facts. Nevertheless, patients/residents should not be ignored when collecting data to support your certification recommendation.

c. Listening - Hearing a person speak is not a skill, but listening and understanding what he says are vital skills for data collection. Concentrate on what the person is saying and do not let your thoughts wander. It is very easy to think about personal problems, to plan what you will say in response, or simply to lapse into a trance. However, doing any of the foregoing will defeat the purpose of the interview. A good listener will not only concentrate on what is said, but also on how it is said. Watch for facial expressions or hand gestures, and listen carefully to casual remarks. The latter often provide clues to what the speaker is really thinking. Be polite and courteous if the person being interviewed becomes indignant or belabors a point, but ask yourself why there is such sensitivity about that subject. Let the person express himself/herself fully, since that will afford you at least part of the entire story. Never let yourself become involved in an argument. Remember that it is your responsibility to create an atmosphere conducive to discussion.

When you are collecting data during a survey, you should distinguish between objective facts, such as data taken from written documents or data from instrument readings, and subjective material, such as data from interviews and observations. Obtaining objective facts is a much safer and easier method of collecting data, but facts do not always tell the whole truth.

You must both observe and listen to the patients and personnel to understand the general attitude of the facility. If the personnel or the patients are discontent, this is usually an indication that the highest quality of care is not being provided. You will have to make a conscious effort to improve your speaking, listening, and observational skills in order to recognize both existing deficiencies and potential problems. A start may be made by completing questions in Figure 1-7.

Figure 1-7. Learning Activities:
Data Collecting Skills, Techniques, and Methods

1. Describe the "don'ts" of talking in terms of surveying activities.

2. Describe the "do's" of questions in terms of surveying activities.

Figure 1-7. Learning Activities:
Data Collecting Skills, Techniques, and Methods
(Continued)

3. Review slides and cassette tape titled "Techniques of Oral Communication in the Survey." Make notes and discuss with preceptor.

4. Discuss with preceptor ways to present criticism during the survey process. List them for future reference.

   a.

   b.

   c.

   d.

d. Observation - Observation of the facility's physical environment, personnel, and patients is another important method of determining compliance. It is essential, of course, that you observe the physical environment to determine if the facility is clean and safe. You will observe -- among other things -- the cleanliness of bathrooms, halls, kitchen, and vents. You must be sure there are no safety hazards such as sharp corners, stored gasoline, slick floors, throw rugs, or portable electric heaters. Although observation of the physical environment is extremely important, observation of the staff and patients is equally important. You can easily determine the attitude of the staff by watching them perform their duties. Facial expressons and physical gestures can be very revealing. Do the personnel seem irritated or gloomy? Do they appear to enjoy both their work and the people with whom they are working? The same principles of observation apply to the patients. Do the patients seem despondent and unresponsive? Do not become so involved in taking notes that you cannot find time to stop and look around you. Talk to people in terms they can understand, so that you are understood. Avoid controversial subjects, such as religion or politics. Sometimes you cannot avoid distasteful subjects, because they are directly related to the survey, but any references to employees or services must be made with respect, tact, and courtesy.

e. Hints on Observing - People who work in institutions, like people in other professions or vocations, have the tendency to put their best face forward. Visitors are often shown the new programs, the most modern areas, and -- in general -- the more pleasant and exemplary aspects of institutional life. You may, therefore, have to inquire persistently to be shown the entire institution, including those areas or aspects of life that are clearly less attractive or less therapeutic.

As you proceed with your observations in a variety of areas, you may become confused by the many different "messages" or "perspectives" communicated to you by patients and staff. Keep in mind that each role in the institution -- be it that of a physician, attendant, or patient -- carries with it a perspective of institutional life. You must also consider that individuals with each role grouping have their own interpretation of institutional life. If you are going to develop an understanding of institutional life, it is important that you mingle with varied people in the facilities, so that you are exposed to an overview. As you listen to the various perspectives of institutional life, you may wish to resolve the confusion by deferring to the person in the highest position of authority.

No matter how confusing the task, you should endeavor to develop a perspective that allows you to treat all views as equally "true." People perceive things differently, depending upon their position. Your job is to see the world from the point of view of a variety of people (the residents, the attendants, the physicians, the custodians, the visitors, etc.). If you wish to draw conclusions about your observations, they should be based upon your knowledge of many perspectives rather than one.

People have a tendency to modify their behavior in the presence of strangers and you should take this consideration into account when observing. The degree to which others modify or guard their behavior will depend in part on how you, as a stranger, conduct yourself. If you ask threatening questions or phrase your inquiries in such a way as to put people on their guard, they are likely to refrain from engaging in open conversation. If you are snobbish or overly aggressive, people may try to avoid you or provide unrevealing "yes" and "no" answers. Moreover, if staff or patients believe that you may break their confidence by passing along information to people "higher up," they may be reluctant to speak freely. It is, therefore, best to play down your own position and to conduct yourself in an open and friendly way. Say "hello" or "hi" to people who pass you in the hallways. Dress in an appropriate way, without over- or underdressing. Finally, the more time you spend in the field, the more likely you are to gain acceptance by all participants and to begin to understand the many perspectives of institutional life.

Some useful techniques for making your observations profitable are shown in Figure 1-8.

Figure 1-8. Making Your Observations Profitable -- Useful Techniques

- Concentrate as intensely as possible on everything you see or hear.

- Pay Special Attention to comments and conversation, to environmental factors such as architecture and decor, and to activities. (Don't overlook things that might go unnoticed.)

Figure 1-8. Making your Observations
Profitable -- Useful Techniques
(Continued)

- Ask Yourself: "What does this event, activity, or comment reveal about the institution?"

- Record Observations immediately after observing when you are out of the presence of the provider.

3. DOCUMENTATION

One of the most important rules a surveyor should remember when conducting a survey is never to rely on one's memory for information. It is far too easy to think that you will remember a piece of information and later discover that your memory was inaccurate. All information should be clearly and accurately recorded for later use. Dates, times, places, and purposes should all be identified in writing for each piece of data. The particular Condition of Participation for which you are surveying also should be indicated in your working notes. Organization of information is equally important for complete documentation. For example, you may conclude that some information you compile in one area of documentation is likewise appropriate to another area of documentation. To avoid confusion or misplacement of data, every piece of evidence should be organized and identified according to the area or areas it covers. You will be unable to complete the final survey report, unless all documentation is complete, accurate, and properly organized.

You should also learn your State's requirements for legally reliable working notes, since you may asked to justify in court the reasons for your recommendation. It is very important, therefore, that you know what your State considers admissible evidence. To find out more about the legal aspect of working notes, you should consult your preceptor.

a. Surveyor's Documentation - There are several possible procedures which the surveyor may use for documentation. The main procedures are: (1) written notes, (2) tape recordings, and (3) photographs. Before you decide which procedure should be used for which area of documentation, you should be sure that the procedure is appropriate for meeting the requirements of your State Survey Agency. To determine this, you should consult your preceptor or coordinator for more information on the appropriate State requirements. You should also be certain that you select the procedure, or combination of procedures, with which you will be most comfortable. You will want to be sure that the procedure you use will result in the accurate documentation of all the information needed for your final survey report.

(1) Written Notes - These notes probably constitute the most widely used procedure for documentation. One advantage of written notes is that they can be easily transcribed from working notes to the final survey report without much loss of meaning. You may also want to take a copy of the survey report with you for reference purposes. However, if you so decide, you should remember that your purpose while surveying is to collect data and not simply to answer the questions on the survey report.

After you have organized and compiled your working notes, you should file these records for a period of time determined by Federal and State laws. Legal questions can arise, and you may have to defend your recommendation on certification in court. If this takes place, you will need to use your working notes to justify your position.

Good working notes document more than just deficiencies; they should indicate the items you checked. Positive information is important, even though it may not be recorded on the actual final report form. Unusual situations that you accepted should be noted, so that they will be known on the next visit. If you identify a problem with minutes, or policies, or bylaws, the date as well as the page and item number should be noted so that you or the provider can readily refer to the statement in question.

You will usually do the pre-exit department head discussion and exit conference from your working notes. A good method involves completion of the survey, followed by location of an area that guarantees privacy, so that you can sit down alone and review your notes. As you digest them, mark recommendations and deficiencies, cross-references (or information for other surveyors), and compliments or special comments for the exit conference. It's best to use a bright color pen -- different from the notes -- so that you can detect summary information at a glance. This is preferable to searching through your notes in front of the administrator and his staff.

(2) Tape Recordings - Some surveyors have found that taping can be particularly helpful in certain areas of the survey, such as the physical environment, dietary services, or utilization review. However, although tape recordings are accurate and convenient, there are certain disadvantages to their use. Often when a surveyor begins to compile the final survey reports, he/she learns that taking notes from the tape and then rewriting the notes for the final report simply adds an additional step in the documentation process. Moreover, it is difficult to find specific information quickly on a tape unless you have a tape recorder with matched numbers to indicate certain areas of information. Still another disadvantage is the difficulty of filing and storing tapes. Because the surveyor will want to keep his working notes for a period of time, written notes would be less bulky and easier to store.

Although tape recorders can be used effectively, you must bear in mind that the facility personnel -- not the tape recorder -- make up your primary concern. You should always inform the personnel that you are using the tape recorder for documentation purposes, which should be preceded by a request for their permission to use it. Never attempt to use the recorder without the personnel's knowledge. To create an atmosphere of cooperation and communication, the surveyor should always be courteous and straightforward with the staff.

(3) Photographs - Photographs are an excellent method of obtaining visual documentation, if they are properly organized and documented. Suggestions that follow will help you to effectively use photographs for documentation purposes. If you use a camera that is not self-developing, write a supportive statement describing the picture itself; explain why it was taken and what area of information is covered in the picture.

Without this added information, there will be no possibility of identifying the pictures that must be reproduced if the camera did not function correctly or if the film was not processed properly. The most important reason for thorough documentation is to eliminate any guesswork about why the photographs were taken.

If you decide to photograph a patient, employee, or member of the staff, you must obtain a statement, signed by the individual, giving you permission to use the photograph in your documentation.

Before you decide to use cameras for any kind of supportive documentation, identify all possible legal implications involved in using photographs for documentary evidence.

(4) Evaluation of Procedures - Written notes, tape recordings, and photographs are the primary methods of recording the information you obtain in the survey process. Each has advantages and disadvantages; since no method used alone is intrinsically good, you must learn to use the individual method in the most beneficial way. Remember, however, that the object of each method is to obtain clear and accurate documentation which is legally acceptable in your State. Regardless of the type chosen for the particular situation, certain principles have been found to be applicable in every instance. These are shown in Figure 1-9.

Figure 1-9. Guidelines to Clear Documentation

1. KEEP SENTENCES SHORT
2. PREFER THE SIMPLE TO THE COMPLEX
3. PREFER THE FAMILIAR WORD
4. AVOID UNNECESSARY WORDS
5. PUT ACTION IN YOUR VERBS
6. WRITE LIKE YOU TALK
7. USE TERMS YOUR READER CAN PICTURE
8. TIE IN WITH YOUR READER'S EXPERIENCE
9. MAKE FULL USE OF VARIETY
10. WRITE TO EXPRESS, NOT IMPRESS

A list of the Federal forms you will fill out regularly is shown in Figure 1-10. Ask your preceptor or the person handling your orientation to review these forms with you. Only a few of these forms are actually filled out by the surveyor. Learning the ones appropriate to your job responsibilities will prove of benefit to you in your career as a surveyor. The preceptor may simultaneously inform you of the State forms that you should complete.

Figure 1-10. Federal Forms

	Facility Standards	Survey Alpha Code Prefix	HCFA Forms
*	Hospital	A	1537
*	Hospital Utilization Review	D	1538
*	SNF	F	1569
*	Addendum IMR Standards for Hospital/SNF	U	3070C
*	Addendum ICF Standards for Hospital/SNF	T	3070D
*	ICF	T	3070
*	IMR	U	3070A
*	1977 IMR-ICF	W	3070B
*	HHA	G	1515-1561-1571
*	Independent Laboratory	E	1557
*	X-ray	H	1882
*	OP Physical Therapy	None	1893
*	Statement of Deficiencies and Plan of Correction		2567
*	Post Certification Revisit Report	-	2567B
*	Summary of Deficiencies not Corrected	-	2567E
*	Certification and Transmittal	-	1539
*	Spell of Illness 1861(j)(1)	-	1539(a)
*	Fire Safety Survey Report (Medicare/ Medicaid)	K	2786
*	Ownership and Control Interest Disclosure Statement		1513
*	OLTCS - Request for Action	-	DSCO-2
*	DISRS, Request for Information	-	MA-S-207
*	R.O. Request for Additional Information or Other Action	-	1666

Figure 1-10. Federal Forms (Continued)

	Facility Standards	Survey Alpha Code Prefix	SSA Forms
*	Regulation No. 5	-	HIRM-1
*	Rural Health Clinic	J	HCFA-30
*	End-Stage Renal Disease Facility	V	HCFA-3427

b. Documenting the Survey Report Form

OBJECTIVE - AS A RESULT OF THIS UNIT, THE SURVEYOR WILL BE BETTER ABLE TO: RECORD ON THE SURVEY REPORT FORM SPECIFIC FINDINGS AND OBSERVATIONS TO SUPPORT THE CERTIFICATION RECOMMENDATION AGAINST ANTICIPATED CHALLENGE TO ADVERSE ACTION.

All completed survey reports must contain sufficient documentation to support the State Survey Agency's recommendation. During your survey, you will be using the approved survey report forms, your working notes, or both. Adequate documentation will prevent inaccuracies and misunderstandings in your final survey report.

You should enter all the pertinent information from your working notes on the final survey report and keep working notes in your own informal file. Since a legal question may arise, you should keep your working notes for an indefinite period of time for legal protection.

Always remember that other people -- the provider/supplier, team members, regional office personnel, and (with the addition of public disclosure of the Statement of Deficiencies and Plan of Correction Form) members of the general public -- may also review your Statement of Deficiencies. Therefore, you should have the opportunity and responsibility of reviewing completed survey documents, including completed statement of deficiencies and plans of correction. You may need to use your notes after a period of time, and you may not be able to remember some of your references, unless they are fully explained.

To avoid the problem of inaccuracies, misunderstanding, or lack of information, working notes should consist of complete descriptive statements, listings of data, and notes of interviews. If a health care facility is found to be deficient in some area, the specific items which are deficient should be listed. Information taken from medical records should contain the case number and all appropriate dates. Dates of all minutes of meetings and conferences and the subject matter discussed should be included. The frequency of meetings is also important.

The Medicare/Medicaid regulations are broken down in outline fashion into conditions, standards and elements.

In cases where a condition, standard or element has not been met, the documentation should include the following:

- The section and number of that requirement
- An explanation of how the facility is not in compliance

In identifying provider consultants, the surveyor should:

- Describe frequency of their visits
- Outline the scope of their participation in the operational functions of the department

In listing provider personnel, the surveyor should:

- Outline the person's functions
- Identify any qualifying creditials for the position

In short, no matter what area you are describing, you should always be as complete and as specific as possible.

As you complete the survey report, you will find a blank for "explanatory statements." This space should be used for documentation of your "yes" or "no" answer. It is very important that you use complete and accurate documentation if you mark a standard or element as being deficient The same principles apply to writing the deficiencies for the SSA-2567 or the licensure letter of deficiencies.

A few examples of the difference between good explanatory notes and those which lack pertinent information are shown in Figure 1-11.

Figure 1-11. Examples of Good Explanatory Notes and Those Which Lack Pertinent Information

EXAMPLE 1

An inadequate statement: "The Pharmacy and Therapeutics Committee has not met in several months."

An adquate statement: "The Pharmacy and Therapeutic Committee has not met in six months."

The adequate statement is more specific and is, therefore, a better and more accurate statement.

EXAMPLE 2

An inadequate statement: "All of the employee records were examined, and some of the personnel did not have a current physical examination file."

An adequate statement: "Fifteen employee records were examined, and ten files did not have a current physical examination records."

The adequate statement in the second example is more accurate because it includes the actual number of records examined.

Figure 1-11. Examples of Good Explanatory Notes and Those Which Lack Pertinent Information

(Continued)

EXERCISE

a. A pathologist is not employed on a part-time, full-time, or consultative basis.

b. Although a pathologist is not employed on a part-time, full-time or consultative basis, a pathologist does visit the facility on the first of each month.

c. Although the facility does not employ a pathologist, a pathologist does make occasional visits.

(The best example is b.) Why?

Examples that differentiate between an adequate and an inadequate explanatory statement in a Statement of Deficiencies are shown in Figure 1-12.

Figure 1-12. Examples of Adequate and Inadequate Explanatory Statements

EXAMPLE 3

An inadequate statement: "In-service programs are not conducted at regular intervals for all nursing personnel."

An adequate statement: "No evidence of in-service dates, attendance or content of program for nurses was available."

The first statement does not specify whether there are no in-service programs at all, or whether there are in-service

Figure 1-12. Examples of Adequate and Inadequate Explanatory Statements (Continued)

programs but they are on an irregular basis. It also does not explain if there are some in-service programs, but not for all nursing personnel. The second statement clarifies these points and states the deficiency which is not in compliance.

EXAMPLE 4

An inadequate statement: "The nursing staff is eight R.N.'s under strength. Medicare regulations do not include any specific nurse/patient ratios."

An adequate statement: "Two nurses assigned to the 11 p.m. - 7 a.m. shift are insufficient to care for the nursing needs of the average daily census of 71 patients, because in 24 of the 30 records reviewed patients were not receiving treatments as ordered during this shift."

If the first statement had not been rephrased to include specific details, the surveyor could not consider the facility understaffed, according to Medicare requirements. By rephrasing the inadequate statement, the surveyor has proved that the nursing staff is not sufficient to provide proper care for its patients. This is a deficiency under Medicare standards.

EXERCISE

Which of the following is the most complete explanatory statement?

Figure 1-12. Examples of Adequate and Inadequate Explanatory Statements (Continued)

(a) A member of the professional staff often makes home visits to evaluate the performance of home health aides.

(b) The performance of home health aides is frequently evaluated by another staff member who makes home visits according to a schedule.

(c) Every member of the professional staff spends one day every two weeks making a home visit to evaluate the performance of all twenty home health aides. The Registered Nurse has established a schedule for these evaluations."

("c" is the most complete.) Why?

The blank for explanatory statements must always be completed if the standard or element has not been met. Without this documentation, the previous "no" answer is not valid. If you do not have the appropriate information for an "explanatory statement," the material must be acquired through a telephone call to the provider/supplier, a personal visit to the facility, or consultation with another team member who did enter the information. Unless the "no" answer is clearly documented, your supervisor or the regional office personnel will be unable to determine the exact status of the standard in question.

The statement of a deficiency should be in language understood by laymen. It should usually be stated in the negative, and in past tense. A sentence may follow, if needed, of more technical language or details for the person who will be correcting the problem. The wording on the 2567's and survey report forms is usually the same.

For good documentation, follow these principles shown in Figure 1-13.

Figure 1-13. Principles of Good Documentation

1) Be complete, but concise.

2) Use a pleasant but firm tone.

3) Be factual and descriptive; state what was actually wrong; include details.

4) Use verifiable observations. For example, can you prove that "drug X was given instead of drug Y as ordered"?

   If you say: "The medication administration record (MAR) indicated that drug X was given instead of drug Y as ordered," you rely on verifiable records of their own which leaves little room for argument.

5) Do not merely repeat or paraphrase the regulations, because they are too general on purpose. Forget the words, "proper" and "inadequate," that appear in the regulations. They are included to facilitate the surveyor's use of his own judgment, thereby permitting a specific statement of the deficiency.

6) Quantify whenever possible; estimate when appropriate. For example:

   > "Ten of twelve charts reviewed lacked discharge summaries."
   >
   > "Approximately one-third of the drug labels did not include lot numbers and expiration dates."

There are also certain items that should be avoided in documentation. These are shown in Figure 1-14.

Figure 1-14. Items to be Avoided in Documentation

1) Abbreviations

2) Indefinite modifiers, such as "some, few, many"

3) Incomplete thoughts; omission of needed details

4) Contradictions between two statements on two team members' reports

5) The words "seemed" and "appeared" -- These imply you were not sure.

   Example: "The linens appeared to have urine stains." This could be stated: "The linens were yellow, wet, and smelled of urine."

Two tests that can be used to examine your own deficiencies for completeness are shown in Figure 1-15.

Figure 1-15. Tests to Examine Deficiencies for Completeness

THE 5W TEST

WHO, WHAT, WHEN, WHERE, WHY. Especially, what is the effect on the patients? Who? Since we cannot use patient names, use categories. Example: restrained patients, "a" unit patients, OB patients. Not all the "W's" will apply in each case, but try them all when testing a deficiency.

Figure 1-15. Tests to Examine Deficiencies for Completeness (Continued)

BECAUSE TEST

Pretend the right side of the survey report form heading says "BECAUSE" rather than "Explanatory Notes." The regulatory statement on left is "not met" (your check mark column) BECAUSE....(your statement of deficiency). The statement should provide enough detail to completely answer the "because."

Recommendations which are sent in a separate letter to the facility should be those readily construed as recommendations, not deficiencies. "Should," "need," and "it is suggested" usually accompany these statements. If a recommendation concerns an area that could be a deficiency if more prevalent, it is important to say what was right and what else is needed. For example: "Although most doctors' orders were signed within 24 hours, one physician was skipping some. He should be reminded to sign each order promptly."

To conclude this unit, examples of bad and good statements of deficiencies are presented with comments in Figure 1-16. Each has been designed to illustrate a different principle of documentation.

Figure 1-16. Examples of Bad and Good Statements of Deficiencies

1. BAD: Controlled substances were not counted each shift change by the oncoming and offgoing nurses and verified by their signatures.

   COMMENT: Complete, but restates the regulation; exactly what were they doing?

Figure 1-15 Examples of Bad and Good Statements of Deficiencies (Continued)

GOOD: There was no documentation that the controlled substances in the Emergency Room were counted. (or) Controlled substances in the Emergency Room were counted by the oncoming and offgoing nurses once a month, rather than each shift change as required.

Then, if needed for correction, spell out in the next sentence: "Controlled substances should be counted each shift change by the oncoming and offgoing nurses and verified by their signatures."

2. BAD: It appears that drug cabinets on the nursing units were not routinely checked by the pharmacist.

COMMENT: If it only "appeared," you're not sure and probably don't have the facts.

GOOD: Drug cabinets on the nursing units were not routinely checked by the pharmacist, as evidenced by outdated drugs found in the Emergency Room, Surgery, Nurses' Station 2, and Coronary Care. (Put locations whenever possible; it lends credibility and helps on follow-ups.)

3. BAD: The number of registered pharmacists on the staff was not adequate.

Figure 1-16. Examples of Bad and Good Statements of Deficiencies (Continued)

COMMENT: Why, what's "adequate"?

GOOD: There were not enough registered pharmacists to cover the number of hours the pharmacy was open. Pharmacy aides dispensed drugs from 5-11 p.m., Monday through Friday and on weekends.

4. BAD: Part of the charts lacked histories and physicals.

GOOD: Eight (8) of twelve (12) charts reviewed lacked histories and physicals.

5. BAD: Some of the drug labels lacked expiration dates and lot numbers.

COMMENT: It's not practical to count all the labels, so estimate as accurately as you can.

GOOD: Approximately three-fourths (3/4) of the drug labels lacked expiration dates and lot numbers.

6. BAD: During meal service, a roach was seen on a patient's food tray.

COMMENT: That's bad, but the real problem is not solved when that one roach jumps off or dies.

Figure 1-16. Examples of Bad and Good Deficiencies.
(Continued)

GOOD: During meal service, a roach was seen on a patient's food tray. Large accumulations of dirt and debris in the kitchen and storage areas and food stored in open packages provided conditions favorable to insect infestation. Thorough cleaning and more frequent visits by the exterminator are needed.

c. Learning Activities - Using the information in "Documenting the Survey Report Form" and documented survey report forms (provided by preceptor), illustrate five examples of adequate and inadequate documentation.

Adequate Documentation

1.

2.

3.

4.

5.

Inadequate Documentation

1.

2.

3.

4.

5.

Discuss the completed assignment with preceptor.

d. Providers' and Suppliers' Documentation - The most obvious and objective source of information is found in written documents, such as records and reports. However, you should know what information you are seeking before you approach any written material. Establish objectives or specific questions you want answered; then review the appropriate document. Once you have determined the exact information you are seeking, tell the individual responsible for that information -- such as the administrator, director of nurses, or dietitian -- exactly what material you need. Since you will be reviewing an enormous amount of information, it is imperative that you know what facts will be useful. Among the documents that will be reviewed are credentials of professional personnel, medical records, policy and procedures manuals, personnel records, and meetings of various committees. You should also be aware of the possible implications of insufficient documentation by the facility. For example: If the written procedures for food preparation are incomplete, can it be determined if food has been prepared according to the Federal standards? Although written documentation can give you an indication of a facility's capacity to provide quality care, other techniques must be used to determine the actual performance of the facility.

e. Sources of Providers/Suppliers Documentation - Each unit in Part II contains summaries of the sources (not references) from which you, the surveyor, can obtain data needed for evaluation of the facility.

These summaries will be helpful in organizing the survey within a facility since both you and the provider can be apprised of the records to which you must have access during the process of surveying. Likewise, when doing a team survey, you can organize your work schedules so that records that are needed by more than one surveyor may be appropriately reviewed at scheduled times.

The sources of information needed to document the provider's/supplier's organizational capability to provide services are shown in Figure 1-17.

Figure 1-17. Provider's/Supplier's Organizational Capability to Provide Services Needed by Residents

	Sources of Information	Tag Numbers
1.	Mortgage	____ ____ ____ ____
2.	Deed of trust, note or other obligation secured by nursing facility	____ ____ ____ ____
3.	Corporate charter	____ ____ ____ ____
4.	Partnership agreement	____ ____ ____ ____
5.	Lease agreement	____ ____ ____ ____
6.	Governing body constitution and bylaws	____ ____ ____ ____
7.	State agency files on ownership information for the facility	____ ____ ____ ____
8.	Written contracts or agreements with consultant	____ ____ ____ ____
9.	Independent Professional Reviews and Independent Medical Reviews	____ ____ ____ ____
10.	Minutes of committee meetings	____ ____ ____ ____
11.	Minutes of governing body meetings	____ ____ ____ ____
12.	Policy manual	____ ____ ____ ____
13.	Medical records	____ ____ ____ ____

Figure 1-17. Provider's/Supplier's Organizational Capability to Provide Services Needed by Residents (Continued)

	Sources of Information	Tag Numbers
14.	Personnel records (job descriptions, licensure, certification)	____ ____ ____ ____
15.	Patient care plans	____ ____ ____ ____
16.	Patient records and transfer information	____ ____ ____ ____
17.	Individual resident/patient activity records	____ ____ ____ ____
18.	Schedules and program of activities	____ ____ ____ ____
19.	In-service training records	____ ____ ____ ____
20.	Staffing schedules	____ ____ ____ ____
21.	Payroll records	____ ____ ____ ____

f. Learning Activities - From a Federal survey report form for each provider type, match the appropriate tag number with each document list in the preceding Figure 1-17.

Participate in an observational survey focusing on the facility's performance in maintaining the documents in the preceding Figure 1-17.

List all records not available at the facility.

Discuss findings with preceptor.

D. THE SURVEYOR'S WORLD

(In Two Weeks Or Less)

Now that you have completed Part I of this orientation program, you are well on your way to participating as a team member in the area of your expertise.

HOWEVER, BEFORE YOU BEGIN SURVEYING:

1. Review the following slides and cassette tapes:

   - The Surveyor's World
   - Survey Activities
   - Slides and cassette tapes as related to your profession or area of expertise:

     - Nursing Services
     - Medical Records
     - Pharmaceutical Services
     - Dietetic Services
     - Physical Environment and Infection Control
     - Specialized Rehabilitative Services
     - Patient Activities
     - Diagnostic Services
     - Outpatient Department
     - Emergency Services
     - Surgical Services
     - Life Safety and Disaster Preparedness

2. Complete the unit on your profession or area of expertise in Part II.

After completion of this unit, proceed to Part III in this manual. Your preceptor will assist you on completing your field experience in your area of expertise.

After you survey your specialty area, continue the orientation program (reading assignments, learning activities and observational surveys) until all of Part II is completed.

E. EVALUATION CHECKLIST FOR PART I

NAME: ____________________ DATE OF EVALUATION: __________

	SATISFACTORY	NEEDS IMPROVEMENT
1. Discusses generally the State government organizational structure.		
2. Describes the legal authority from which the State Survey Agency receives its powers and duties.		
3. Explains the responsibilities of the State Survey Agency and the activities and services provided by other units in State government to the licensure and certification programs.		
4. Respects confidentiality of work-related information.		
5. Is congenial and cooperative.		
6. Describes the legal authorities from which the Federal and State governments receive their powers and duties for the Medicare and Medicaid programs.		
7. Demonstrates communications principles and techniques in interaction with others.		
8. Describes the philosophy and intent of the survey process.		
9. Describes the procedures involved in the licensure and certification processes.		
10. Explains the terminology and abbreviations used in the licensure and certification programs.		

E. EVALUATION CHECKLIST FOR PART I
(Continued)

NAME:______________________________ DATE OF EVALUATION:_______________

	SATISFACTORY	NEEDS IMPROVEMENT
11. Describes the various methods of data collection and applicable references to use for surveys.		
12. Explains the purposes and composition of complete documentation.		
13. Completes reading assignments and learning activities.		

COMMENTS:

Surveyor Signature:__________________

Perceptor Signature:_________________

ORIENTATION TO PART II:
SURVEY METHODS

The purpose of this section of the Study Guide is to provide a planned system for a professional person to move through the Federal regulations, interpretative guidelines, visual aids, and extra reading assignments that are necessary to help him/her identify what is to be sought, and where and how to look for data in order to develop techniques for surveying a health care facility.

When possible, it is suggested that the new surveyor participate on a survey as an observer for each unit that has been completed.

A. COMPLIANCE WITH FEDERAL, STATE, AND LOCAL LAWS

1. GENERAL

The first regulation for both Medicare/Medicaid is the health care facility's compliance with Federal, State and local laws. This condition can be divided into three major categories: licensing of the facility, licensing of the staff, and compliance with applicable Federal, State, and local laws and regulations. You should be aware of the difference in meaning between the terms "licensure" and "certification." Licensure refers to compliance with State laws and regulations. If a health care facility is not properly licensed, it is operating illegally. Certification refers to compliance with Federal standards or requirements. If a health care facility is not certified, it will not be allowed to participate in the Medicare/Medicaid programs. Remember that a facility must first be licensed before it can be certified.

To become licensed, the health care facility applies to the appropriate State licensing agency. You should review the most current licensure information on the facility and the files covering the license application of the facility before surveying it. In general, licensure or other available information may be used to substantiate a finding that a facility meets this specific certification standard.

The appropriate license for the facility should be posted in public view, and it should be current. If the license is not posted in public view or is not current, you will need to confer with the administrator to find out why. (The State licensure code will be explained by your preceptor.)

The second major aspect of your survey is to determine that personnel who are required to be licensed or registered according to State laws have a current license or registration. Some States require that certain staff be licensed by the State, while others direct staff to be registered or affiliated with a national professional organization. For example, Certified Registered Nurse Anesthetists (C.R.N.A.s) have national registration, but some States also require a current R.N. license from that State's Board of Nursing.

You should determine whether or not the staff of the facility meets applicable licensure requirements by recording each staff member's current license or registration number in your working notes. The following are examples of personnel who must have a license or registration number:

- Accredited Record Technician
- Emergency Room Technician
- Laboratory Technologist
- Licensed Practical Nurse
- Medical Technologist
- Nurse Practitioner
- Nursing Home Administrator
- Occupational Therapist Registered
- Physician
- Physician Assistant
- Registered Dietitian
- Registered Nurse
- Registered Pharmacist
- Registered Physical Therapist
- Registered Record Administrator
- Social Service Worker
- Speech Therapist

The facility is responsible for providing proof of current registration for all applicable personnel. A situation wherein the staff member holds a valid license in another State -- but that State does not have a licensure reciprocity agreement with your State -- must be noted as a deficiency.

The last important standard with which compliance must be maintained is adherence to various Federal, State, and local laws that require other inspections, evaluations, and audits of facilities. Although such coverage might be considered auxiliary to your field of interest (i.e., State licensure and Federal certification), they are very real factors for the provider concerned in his/her bid to provide quality health care.

Prompting the many inspection areas are such concerns as fire safety, fire alarm and sprinkler inspection, sanitation and food handling, elevator and electrical maintenance, radiological safety, and other physical plant environmental services. Also subject to review and audit are the provider's performance in the areas of utilization review, cost accounting procedures, and parity or standardization of charges for services. Necessarily, these additional evaluations entail the involvement of more than one supervisory or regulatory agency and lead to numerous regulations to be followed. These must be considered in addition to the increased number of visits for inspection purposes.

The purpose of the following discussion is to increase your understanding of how your activity relates to the other regulatory functions with which a provider/supplier is involved. It is hoped that this perspective will enable you to develop a greater understanding of the provider's regulatory environment and, accordingly, to offer recommendations for improvements in the regulatory process.

2. FIRE SAFETY

Authority for fire safety in most States lies in either the State Department of Health or the State Fire Marshall's Office (or the equivalent). Where one occasionally encounters authority placed in both of these, the following procedure is invoked: Responsibility lies in the State Department of Health during the period of planning and construction of the facility. Following completion of construction and occupancy, authority for attention to safety standards is lodged in the

Office of the State Fire Marshall. (State should describe actual practice.)

Guidelines for inspection can also encompass serveral alternatives. In addition to the use of the N.F.P.A. Life Safety Code of 1967, there are several regional codes (i.e., the Southern Standard Building Code). Compliance with the national code is mandatory under Federal law for those facilities seeking Federal certification; observance of the regional codes is required by State law. It should be noted that the Federal law tends to be much stricter and to have clearer definitions of facilities and occupancy standards than does its State counterpart.

There are also local level visits in addition to the State inspections. Providers/suppliers are inspected for each category at least once a year on either the State or local level, or both. (Local level inspections tend to be more frequent.) There is usually a difference in professional requirements for the inspection personnel: Sanitation inspection positions call for a more extensive academic background.

3. OTHER PHYSICAL PLANT INSPECTIONS

Most other physical plant inspections are those of a city or county nature, which entail elevator and boiler safety and similar areas. Guidelines are provided by either State or national professional codes such as The American Standard Safety Code For Elevators, Dumbwaiters, Escalators, and Moving Walks and the National Electric Code. A number of local building codes are also included in these inspections, at least during various stages of construction. The exception to the general city-county authority of these inspections is the Hill-Burton Agency inspection by the State Department of Health representative.

4. RADIOLOGIC EVALUATIONS

X-ray equipment of a provider/supplier is inspected at least annually -- if not biennially -- under requirements of both Atomic Energy Commission regulations and State law. Inspectors having specified academic background and necessary professional experience are usually concerned with such factors as protection from stray radiation, shielding of patients and personnel, and proper maintenance of the equipment.

5. ENVIRONMENTAL PRESERVATION

Involved in this category are inspection procedures conducted by groups ranging from the U.S. Army Corps of Engineers to the certain State pollution control boards. Dealing most frequently with the facility's procedures for the disposal of solid waste, these inspections are usually performed annually or upon receipt of a complaint. Many of the attempts of the provider to meet these demands, however, occur only in the planning and building stages of the facility.

6. FEDERAL FISCAL INTERMEDIARY AND STATE WELFARE AGENCY REVIEW

The health care provider is subject to constant supervision and review by the fiscal intermediaries for Title XVIII and the State agency handling that State's Title XIX program. In the case of Title XVIII (Medicare), these intermediaries could be representatives of the voluntary health insurance organization handling the reimbursement process: Blue Cross, Aetna, and Mutual of Omaha. The intermediary might also be the Central Office in Baltimore, through whom the provider can work directly. On the other hand, since Title XIX is a welfare program run by a designated State authority, another fiscal representative is involved. The regional office will help further your knowledge in this area by presenting a unit on "Federal-State Relationships in Title XVIII and XIX" during Part IV of this orientation program.

It should be noted that the provider/supplier and most of the involved agencies from the State level downward face a large number of required inspections, evaluations, and audits which constitute considerable duplication of effort and unnecessary time expenditure. The following, therefore, are included in the total philosophy for the survey inspection process so as to minimize the number of required surveys:

- Coordination of licensure and certification functions
- A team approach to eliminate duplication in inspections
- An awareness of the inspection process as a consultative role rather than as a strictly punitive one (i.e., changing the job from policeman to that of provider improvement)
- An attitude that the inspection process can be utilized as a management tool

Where they have occurred, such developments have been welcomed on all levels, especially by the provider/supplier. These changes permit a more unified and professional approach to the conditions of his/her operation.

Each State is responsible for providing copies of State and local laws to each new surveyor. While some State measures contain provisos that are identical with Medicare/Medicaid regulations, others are stricter or more detailed. Whenever possible, the violation of these rules should be documented under a related statement in a specific condition (such as Nursing) and should be cross-referenced. It should, however, be documented under the specific regulation in those instances where no related requirement exists.

Figure 2-1. Evaluation Guide: Compliance With Federal, State, and Local Laws

	Satisfactory	Needs Improvement
Describes the difference in licensure and certification		
Indicates those staff members who are licensed by the State, and those who must be registered or certified		

Figure 2-1. Evaluation Guide: Compliance With Federal, State, and Local Laws (Continued)

	Satisfactory	Needs Improvement
Lists the codes with which a facility must comply in the State in order to meet safety standards		
Describes other inspections, evaluations, and audits that the State must enforce.		

COMMENTS

B. THE GOVERNING BODY AND MANAGEMENT

Health care facilities are established, owned, and operated by heterogeneous interests for different purposes. Church-operated facilities may have originally been developed to serve the members of the denomination; municipal or county facilities exist to serve particular segments of the State population such as the mentally ill. Others may exist to earn a return on the owners' investment by fulfilling an identified need for health care services. Although the purpose for establishing health care facilities may vary, all must have a legally established and identifiable owner: an individual, a partnership, a corporation, or an association. The responsibility for making decisions required of an owner is lodged in the governing body, whose composition may range from one or more individuals to a board of trustees, directors, regents, governors, or commissioners.

Care of the patient, the primary objective of any health care facility, is the legal and moral responsibility of the governing body of the facility. Assuring that patient care is commensurate with the needs of the individual and that the capabilities of the facility are directed toward fulfilling this objective is the principal duty of the governing body. These objectives are met through defining the organizational structure of the facility, through supervising the administrator and administrative activities, and through exercising broad authority over the policies and procedures delineating quality patient care. In facilities with an appointed medical staff, much of the monitoring of patient care is the responsibility of a patient care policies committee or the medical staff. Nevertheless, the ultimate responsibility for the care of the patient still remains with the governing body.

The bylaws of the governing body define its organization and serve as a constitution for the facility. They designate composition of the governing body's membership and include such information as: procedure for election of officers, the establishment of committees, and the frequency of meetings. The bylaws must conform with appropriate local, State, and Federal laws; and they may not contain any form of illegal discrimination based on race, creed, sex, or handicap. A religious affiliated facility may, however, restrict membership in its governing body to a particular creed. In facilities with an organized medical staff, they should include a section requiring that the appointment of physicians and the organization of the medical staff be subject to the approval of the governing body.

The governing body is expected to implement the requirements of its own bylaws by holding meetings as prescribed, by electing its members and officers, by appointing an administrator, and by designating members of the medical staff. Bylaws are formally adopted, dated, and signed by appropriate officers of the governing body, and must be made readily available in the facility. Any amendment or revision must be undertaken according to the procedures prescribed in the bylaws and must be approved and signed before they take effect.

Although some facilities under single ownership or a partnership do not have formal bylaws, there must be a body of rules or regulations which contains substantially the same information. Although this instrument will state the name, purpose, and location of the facility -- as do bylaws -- it may not be necessary to state a procedure for selecting members and officers of the governing body since the individual owner exercises all legal responsibility for ownership.

A major responsibility of the governing body is the establishment of the structural outline of the organization of the facility. One of the key tasks in the creation of the organizational framework is determination of the scope of the functions for the chief executive officer or administrator and selection of a competent person to fill that position. This action does not, however, absolve the governing body from the ultimate responsibility for the actions of every employee in the facility during the normal course of operations.

The administrator is a most important person in the organizational framework of a facility, since he must maintain close formal communication and accountability through committees, attendance at meetings, and written reports. The administrator is the key point of liaison between the physician and the governing body, and must assure the latter that operations of the facility are consistent with the stated objectives of the facility.

In organization of the day-to-day functions of the facility, the administrator usually has broad leeway to select the administrative staff and key departmental personnel. The administrator also establishes the means of their accountability to him/her as their supervisor as well as their lines of communication to the governing body. Department heads and other administrative staff are required to attend interdepartmental meetings of heads of the various departments and to conduct meetings of the personnel responsible to them in order to disseminate information, discuss issues and problems, plan activities, and establish pertinent policies. Minutes are maintained, as is expected for any official meeting, to provide the administrative staff with documented feedback regarding the operation of the departments.

Consequently, the greatest ongoing problem of a governing body is maintenance of the level of interest and knowledge necessary to fulfill the stated responsibilities. In-service education, continued reading, and attending meetings should not apply only to the administrative and professional staffs, but also to members of the governing body. Issues and trends, as well as the functioning of the facility, must be studied and understood.

The members of the governing body must never lose sight of the importance of the venture in which they are engaged: the care and physical well-being of ill or aged human beings. It should be borne in mind that sentiment is not enough to assure quality care without the presence of an intelligent, diligent, and occasionally forceful approach. Health care facilities do not succeed in reaching and maintaining excellence without the combination of all these factors. The surveyor must verify all of this in order to certify that the governing body and the administrative management of the facility are functioning successfully.

Objective - As a result of this study unit, the surveyor will gain an understanding of the responsibilities of the governing body and will develop necessary skills to assess its compliance in a health care facility with Federal regulations.

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments, and (2) learning activities.

1. THE ADMINISTRATOR

WHEN MAKING A SURVEY, LOOK FOR EVIDENCE THAT THE GOVERNING BODY HAS APPOINTED A QUALIFIED ADMINISTRATOR WHO IS RESPONSIBLE FOR THE OVERALL MANAGEMENT OF THE FACILITY AND WHO ALSO:

- Enforces rules and regulations related to the level of health care and safety of patient within the facility
- Enforces rules and regulations related to each service within the facility
- Plans, organizes, and delegates authority to act during his/her absence
- Maintains ongoing liaison among the governing body, nursing staff, and other staff
- Studies and acts upon recommendations made by the committees and consultants

Sources of Information

- Personnel policy manual
- Minutes of committee meetings
- Interview with administrator
- Facility policy manuals
- Consultant reports

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 405.1121(3)
- 405.1021(b)(2)
- 405.1720
- 442.486 - 488
- 442.496 - 498
- 442.317
- 442.343
- 442.457 - 461
- 442.476
- 442.483
- 442.417

Discuss reading assignments with preceptor.

List two methods that can be used to determine whether the governing body has appointed an effective administrator.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

2. STAFFING PATTERNS

WHEN MAKING A SURVEY, DETERMINE THE APPROPRIATENESS OF STAFFING PATTERNS BY:

- Reviewing patient admission policies of the facility to determine the levels of care required by the patients admitted by the facility
- Reviewing job descriptions and staffing schedules by departmental service to determine if adequate staff are assigned to meet the services provided by the facility
- Reviewing payroll records to determine accuracy of job descriptions and staffing schedules *
- Reviewing in-service training records to determine if staff receives skill reinforcement appropriate to their assignments
- Reviewing personnel records to determine if staff are qualified to provide services in their respective areas
- Interviewing staff to ascertain their assignments
- Cross-checking information from records and observation to ensure that appropriate staff are being utilized

Sources of Information

- Patient admission policies
- In-service training records

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* For SNF's and ICF's, a staffing report is provided to the survey agency. The surveyor should check the accuracy of this report against actual records in the facility.

- Interview of staff
- Personnel records (job descriptions, licensure, certification)
- Staff schedules
- Payroll records

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1023(d)(e)(f)
- 20 CFR 405.1024(b)(c)(d)
- 20 CFR 405.1025(a)(2)
- 20 CFR 405.1026(c)
- 20 CFR 405.1027(c)
- 20 CFR 405.1028(c)
- 20 CFR 405.1029(b)(3)
- 20 CFR 405.1031(a)(2)(3); (b)(2)(C); (d)(2)(3)(4)
- 20 CFR 405.1032(a)(1)(2)
- 20 CFR 405.1033(b)
- 20 CFR 405.1034(a)(1)
- 20 CFR 405.1121(b)
- 20 CFR 405.1121(h)
- 20 CFR 405.1124(a)(C)
- 20 CFR 405.1125(a)
- 20 CFR 405.1126(a)
- 20 CFR 405.1130(b)
- 20 CFR 405.1132(a)
- 442.302
- 442.302
- 442.303
- 442.304
- 442.427 - 432

Discuss reading assignments with the preceptor.

List three methods that can be used to determine whether the staffing patterns are appropriate.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

3. OWNERSHIP INFORMATION

WHEN MAKING A SURVEY, DETERMINE THE COMPLETENESS AND ACCURACY OF OWNERSHIP INFORMATION SUPPLIED BY THE FACILITY BY:

- Reviewing the governing body's constitution and bylaws to determine type of ownership

- Reviewing ownership information supplied by the facility (see Sources of Information below for types of records to review) and crosschecking this information against that filed in the State agency to determine if there have been changes in ownership that have not been conveyed to the agency

- Interviewing the administrator to determine if: (1) names of owners, corporate officers, and partners are complete and accurate; and (2) stock transfers and sale of interests or assets are accurate and up to date, and are included in ownership information

Sources of Information

- Mortgage
- Deed of trust, note, or other obligation secured by nursing facility
- Corporate charter
- Partnership agreement
- Lease agreement
- Governing body constitution and bylaws
- State agency files on ownership information for the facility

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1121(a)
- 20 CFR 405.1716(b)(1)
- 455.104

Discuss reading assignments with the preceptor.

Review the completeness and accuracy of ownership information supplied by the facility.

List two documents that should be read and understood in order to accomplish the above task.

List four sources of information that should be known in order to determine ownership of a facility.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

4. POWERS OF THE MEDICAL STAFF

WHEN MAKING A SURVEY, DETERMINE WHETHER BYLAWS ARE ADOPTED AND IMPLEMENTED TO GOVERN AND ENABLE THE MEDICAL STAFF TO CARRY OUT ITS RESPONSIBILITIES BY:

- Determining that:
    - Bylaws are in writing and have been approved and signed by the governing body
    - Department heads have copies of bylaws and that they are familiar with them
    - There is evidence of regular review and updating
- Reviewing bylaws of the organization to determine if medical staff responsibilities and activities are clearly delineated

- Reviewing minutes of medical staff committee meetings to ensure that the medical staff is carrying out its responsibilities

- Reviewing minutes of the governing body to assure that medical staff recommendations are considered and acted upon

- Reviewing minutes of the governing body to assure that specifications in the bylaws are implemented

Sources of Information

- Bylaws
- Minutes of committee meetings
- Minutes of governing body meetings

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1023(i)
- 20 CFR 405.1121(c)
- 20 CFR 405.1112

Discuss reading assignments with the preceptor.

List one method that should be used to determine whether bylaws are adopted and implemented to govern and enable the medical staff to carry out its responsibilities.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

5. PATIENT/RESIDENT NEEDS

WHEN MAKING A SURVEY, DETERMINE WHETHER THE NEEDS OF PATIENTS/RESIDENTS ADMITTED ARE MET BY THE INSTITUTION BY:

- Reviewing bylaws and policy statements of the facility to assess the adequacy of the facility's administrative capability, functions, and authorities in meeting the needs of patients
- Reviewing minutes, reports, and/or documents of all functioning committees to ensure that policies are revised as needed
- Reviewing the facility's overall plan and budget to verify that institutional planning is in existence

- Reviewing the job descriptions, qualifications, and duties of the administrative personnel to determine if they are capable of carrying out the responsibilities delegated to them

- Reviewing written agreements with professional consultants to determine if services needed by residents, which cannot be directly provided by the facility, are provided by appropriate arrangement with outside resources

- Interviewing the administrative personnel to check if they are aware of their responsibilities and are carrying out their responsibilities as delegated

- Observing general condition of patients/residents to check if there are overt needs which are not being met (e.g., unkept rooms, unattended call signals, patients wandering to unsafe places); also, are specific patient care needs (e.g., nursing, dietary) addressed in each applicable unit

Sources of Information

- Job description qualifications and work schedules of administrative personnel
- Written agreement with outside resources
- Governing body's bylaws
- Policy manual
- Minutes of committee meetings
- Interview with administrative personnel

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1121(b) through (i)

- 442.301
- 442.402
- 442.454

Discuss reading assignments with the preceptor.

List two methods that should be used to determine whether the needs of patients/residents admitted are met by the institution.

List one source of information that should be reviewed and verified to assure that the above procedures are being implemented.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

6. PATIENT/RESIDENT RIGHTS

This unit concentrates on patients' rights and provides an introduction to this aspect of the survey. Besides furnishing awareness of the importance of patients'/residents' rights, the unit focuses on the critical dimension of the survey process and underscores the importance of the patient as an individual in the delivery of quality health care.

Objective - As a result of this study unit, the health facility surveyor will be better able to determine if there are policies related to patients' rights and if procedures for these rights are developed and implemented by those concerned in the health care facility at all times.

The trainee is responsible for completing the following assignments as related to this unit: (1) reading assignments; (2) learning activities; and (3) reviewing of slides and cassette tapes.

a. EFFECTIVE PROCEDURE - WHEN MAKING A SURVEY, DETERMINE WHETHER THERE ARE EFFECTIVE PROCEDURES FOR PROTECTING PATIENTS' RIGHTS, PERSONAL POSSESSIONS, AND FUNDS BY:

- Reviewing the policy and procedures manual to determine which procedures are in effect to protect patients' rights, personal possessions, and funds
- Reviewing signed statement to ascertain that patients have been fully informed of their rights and responsibilities at time of admission
- Interviewing staff to determine if employees are aware of procedures related to protection of patients' rights, personal possessions, and funds
- Reviewing staff orientation program relative to procedures for protection of patients' rights, personal possessions, and funds

- Observing facility procedures and interviewing patients and members of their family to ascertain that adequate procedures are implemented for handling:
    - Accounting of personal funds
    - Personal mail and correspondence
    - Personal belongings
    - Patients' complaints

- Observing the use of restraints on patients and ascertain if such use has been appropriately ordered by the responsible staff member in the facility

- Reviewing prior complaints maintained in the surveyor's file to assure that violations of patients' rights have been adequately corrected

- Reviewing patient admission and discharge procedures to assure that they are in compliance with established policies on patients' rights

Sources of Information

- Patients'/residents' records
- Interview and observation of staff
- Staff orientation records
- Facility's policy and procedures manual
- State agency file on patients' complaints

Reading Assignments

- Applicable Code of Federal Regulations
- Interpretive Guidelines for SNF, ICF, ICF/MR
- 20 CFR 405.1121(k)

- 442.311
- 442.403
- 442.406

Discuss reading assignments with the preceptor.

List one method used to determine whether these are effective procedures for protecting patients' rights, personal possessions, and funds.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

b. WRITTEN POLICIES - WHEN MAKING A SURVEY, DETERMINE WHETHER THE GOVERNING BODY HAS ESTABLISHED WRITTEN POLICIES REGARDING THE RIGHTS AND RESPONSIBILITIES OF PATIENTS BY:

- Examining procedures for disseminating information on patients' rights
- Examining procedures for protecting patients' rights
- Examining procedures for handling patients' complaints
- Examining measures for assuring security and accountability for patients' personal effects during transfers

Source of Information

- Facility policy manual

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1121(k)
- 442.403
- 442.404
- 442.405
- 442.406

Discuss reading assignments with the preceptor

List one method that should be used to determine whether the governing body has established written policies regarding the rights and responsibilities of patients.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

Review slides and listen to cassette tape on "Patients' Rights." List two items included on the slides that would be useful to look for when making a survey.

Discuss slides with the preceptor.

Figure 2-2. Evaluation Guide: Patients'/Residents' Rights

	Satisfactory	Needs Improvement
Describes pertinent Code of Federal Regulations		
Describes good policies re: patients'/ residents' rights		
Describes legal implications of patients' rights being abused		
Focuses on problems created by abuse of patients' rights		
Reviews written procedures		
Interviews staff, patients, and patients' family members		

COMMENTS

7. PATIENT CARE POLICIES

Patient care policies are not only required by law; they are the foundation for good patient care.

A policy statement is a commitment by the facility to provide acceptable levels of health care services. Policies are carried out by personnel of the facility through the use of procedures manuals. Patient care policies must be suited to the individual facility and the level of care it provides. Because patient care policies are so important, all departments in the facility should have a copy of the policies and all staff members should be aware of their contents. The regulations require that the policies be available to admitting physicians, sponsoring agencies, patients, and the public.

When you are reviewing the patient care policies during a survey, you will first examine the policies to ensure that the standards and requirements have been met. The policies must be written and approved by the designated patient care policies committee and must include every service available in the facility. You must review medical records and minutes of meetings to be certain that patient care reflects the policies. You are also responsible, however, for ensuring that the policies are actually being implemented. Paper compliance by reflection of policy statements in procedures manuals is not acceptable! If serious deficiencies are found in certain standards, there is a strong indication that patient care policies are not being implemented. The facility is, in such instances, not in compliance with the regulations regarding patient care policies.

In reviewing patient care policies, you should always remember that every service is interrelated with the standard for patient care policies. The quality of performance in the facility will reflect the quality of the patient care policies. If the policies are not tailored to meet the needs of the facility, they will simply be unrealistic goals, which cannot be translated into procedures. Accordingly, they have no relevance to the actual performance of the facility staff.

Objective - As a result of this unit, the health facility surveyor will be better able to determine the standard of care that the facility expects to provide.

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; and (2) learning activities as indicated by preceptor.

WHEN MAKING A SURVEY, DETERMINE WHETHER THE FACILITY IMPLEMENTS STATED PATIENT CARE POLICIES BY:

- Reviewing existing manuals to ensure that patient care policies are in existence and that they cover all areas of services needed by patients
- Reviewing the patient care policies to determine if:
    - Policies were written and approved by the medical and professional staff
    - A professional person, M.D. or R.N., is responsible for the execution of the policies
    - They are reviewed at least annually
- Interviewing staff for their familiarity with the content of patient care policies
- Interviewing staff to ensure that they are aware of their responsibilities
- Identifying the locations of policy manuals to ensure that they are easily accessible to the staff

- Reviewing job descriptions of persons involved in executing the policies to ensure that there are staff responsible for implementing stated patient care policies

- Reviewing minutes of meetings and committees involved in the development and execution of patient care policies to determine if meetings are regular and deal with actual patient care problems and solutions

Sources of Information

- Patient care policies in policy manual
- Minutes of meetings of patient care committee and utilization review committee
- Interview with nursing personnel

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1121(g)
- 20 CFR 405.1717
- 442.305
- 442.306
- 442.307
- 442.313
- 442.346
- 442.412
- 442.418
- 442.424
- 442.434
- 442.474
- 442.505

Discuss reading assignments with the preceptor.

List one method that can be used to determine whether the facility implements stated patient care policies.

List one source of information to substantiate the above.

Give data tag number on the Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

Figure 2-3. Evaluation Guide: Patient Care Policies

	Satisfactory	Needs Improvement
Describes pertinent Code of Federal Regulations related to patient care policies		
Describes good policies regarding patient care policies		
Is capable of reviewing and describing whether written procedures are satisfactory		
Knows how to detect incomplete nursing procedures		
Knows how to obtain relevant information through informal interviews		

COMMENTS

Figure 2-4. Evaluation Guide: The Governing Body and Management

	Satisfactory	Needs Improvement
Describes pertinent Code of Federal Regulations		
Describes basic principles and practices of health care facility arrangement		
Describes theories and structures of health care organizations		
Describes lines of authority and responsibilities in health care organizations		
Describes types of patient care needs, as contained in the regulations		
Describes appropriate procedures in developing and approving patient care policies		
Describes intents and purposes of written patient care policies		
Describes appropriateness of patient care policies compared with the level of care provided by the facility		
Describes organization and operations of medical staff organizations		
Describes accountability of the medical staff organization to the governing body		
Describes personnel qualifications and ability to render services		
Describes professional services and roles of personnel		

Figure 2-4. Evaluation Guide: The Governing Body and Management (Continued)

	Satisfactory	Needs Improvement
Describes State staffing requirements for type of facility and level of care provided		
Describes resources required to meet the needs of patients		
Has ability to compile the findings of the various disciplines into a single report		
Has abilty to report fndings in an objective, accurate manner		
Has ability to write concisely and clearly		
Has ability to type or write legibly		
Has ability to communicate effectively		
Has ability to explain essential elements of the regulations without the use of unnecessary jargon		
Has ability to establish a good rapport		
Has ability to organize and manage time spent in the facility		
Has ability to coordinate work schedules		
Has ability to interpret accurately the provider's plan of correction		

COMMENTS

C. MEDICAL STAFF AND PHYSICIAN SERVICES

As a health facility surveyor, you will need to be aware of: the organizational structure of the physicians, manner of physician care for patient/resident health problems in health care facilities, and the extent of the privileges of physicians in a hospital.

The information in this learning unit concerns medical staff and physician services (M.D., D.O.). It will help you draw more accurate conclusions from a provider's records and other sources about the quality and adequacy of patient care. It will also assist you in arriving at more discerning judgments about such conditions. The information in this unit will also help you to communicate more effectively with other health professionals. Although one member of the team may survey the condition "Medical Staff," all of the surveyors are to provide information on some part of the condition and should, therefore, be familiar with Medical Staff functions.

When surveying physician services, individual physicians are not to be judged. Instead, you should assess the overall quality and adequacy of the services by staff physicians -- as reflected in the checkpoints in the regulations concerning licensure, specialization, and medical staff organization.

You should become familiar with the medical practice laws of your State, which provide for the licensure of professionals to protect the public from unqualified practitioners. The boards that license physicians vary from State to State and may also license other health professionals.

Objective - As a result of this study unit, the health facility surveyor will be better able to:

- Evaluate the organizational structure of the physicians in a health care facility
- Determine the extent of the physician's privileges in a hospital
- Determine the involvement of physicians in patient/resident care in health care facilities

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; (2) learning activities, and (3) reviewing slides and cassette tapes.

1. MEDICAL STAFF

A medical staff is an organized group of physicians who utilize a facility and who work together to maintain professional standards and to provide the best medical care possible. The medical staff must meet to evaluate the clinical work of its members. Staff members must attend a specified number of staff meetings, with failure to attend considered to be resignation.

a. Bylaws - Medical staff bylaws are clear, concrete statements of the rules, regulations, policies, and procedures under which the medical staff operates. The surveyor should study the bylaws of a typical medical staff, so that he/she can have a better understanding of the functions and actions of that staff. The bylaws are approved by the medical staff and by the governing body and must be agreed upon by each individual staff member. Some application forms for staff membership contain an agreement to abide by the bylaws.

The bylaws contain the following:

- A description of the staff organization
- A statement of physicians' qualifications in each category of staff
- A procedure for granting and withdrawing privileges
- A mechanism for appeal
- A provision for regular meetings and attendance requirements
- A provision for keeping accurate and complete medical records
- A provision for routine examination of patients on admission and pre-op diagnosis
- A ruling requiring, prior to surgery, a permit that contains the patient's consent, the surgeon's name, and the type of surgery to be performed
- A ruling that, except in an emergency, the required consultations must be performed
- A ruling that physicians' orders must be signed and recorded

If dentists and oral surgeons are admitted to staff membership, the bylaws state their membership qualifications, status, rights, and privileges.

b. Consultation - Consultation is an important function of a medical staff. The attending physician must order consultation by a specialist on the consulting staff for all conditions listed in the bylaws as requiring consultation. Except in an emergency, it is usually required if the patient is not a good surgical risk, if the diagnosis is obscure, if there is doubt as to the best therapeutic measures, or if criminal action (rape, child abuse) is suggested. Consultation must be in writing and signed, and -- in surgery cases -- must be in the patient's file prior to surgery.

c. Appointments - Medical staff reappointments are made at least yearly by the governing body of the facility on the recommendations of the medical staff or credentials committee. These bodies can grant temporary privileges, and make temporary appointments for a limited time to qualified physicians.

d. Qualifications - For appointment, staff members must be qualified legally, professionally, and ethically. The credentials committee or the committee-of-the-whole evaluates each applicant according to criteria stated in the bylaws, following which medical staff membership is granted or withheld on the basis of character, judgment, competence, and training of licensed physicians. If the bylaws state that membership in a special body or society is a condition of membership, it must be in the form of a preference and should not be a requirement. Furthermore, membership in a medical society may not be the sole criteria for membership.

e. Active Staff - The medical staff of a hospital consists of an active staff and may have other categories of staff membership. The active staff votes at staff meetings and makes hospital policy, and must meet the attendance requirements for meetings. The medical staff must have a continuing program of evaluation and analysis of its clinical activities. This is one of the major functions of the active staff, which must organize itself so that a responsible agency exists for conducting those programs and for making recommendations to the governing body.

2. OTHER STAFFS

Other staff categories besides active staff are associate, consulting, honorary, and courtesy. Associate staff may consist of junior members or less experienced members who become active staff after a period of probation, or it may consist of staff members who use the hospital infrequently.

a. Consulting Staff - The consulting staff is composed of recognized specialists or medical educators who are willing to serve as consultants. Consulting staff members do not have admitting privileges unless they also happen to be active staff members.

b. Courtesy and Honorary Staff - The courtesy staff is composed of physicians, including some specialists, who desire to attend patients in the hospital but who are not eligible for another category of staff. Courtesy staff usually has limited admitting privileges. Honorary staff consists of former active staff members who are retired or other physicians whom the staff and governing body wish to honor.

c. Chief of Staff - Every hospital must have an organized medical staff presided over by the Chief of Staff, who supervises clinical activities through reports from committees and individual physicians. That person also coordinates medico-administrative matters with the hospital administrator.

The Chief makes recommendations to the administration as to the planning of hospital facilities, equipment, routine procedures, and any other matters concerning patient care; arranges inpatient and outpatient department programs embracing organization, educational activities, supervision, and evaluation of the clinical work; enforces medical staff bylaws, rules and regulations, with special attention to those pertaining to his/her department; works with the hospital administration in the purchase of supplies and equipment and in formulating special regulations and policies applicable to the department, such as standing orders and techniques; maintains the quality of the medical records in that department; and represents that department in a medical advisory capacity before the administration and governing body.

3. COMMITTEES

Medical staff functions and required activities are usually carried out by a committee system, which is described in the bylaws. The number of committees in the hospital varies from as few as one in small hospitals to a much larger number in large hospitals. The bylaws must define the method of committee function, and their required activities must be carried out. The medical staff makes the decisions concerning committee organization and may perform each of their functions as a committee-of-the-whole.

a. Executive Committee - The Chief of Staff appoints an Executive Committee or the equivalent, whose members are: staff officers, department chiefs, and one or more members at large. That committee meets monthly, keeps a permanent set of minutes, and supervises all staff activities and relationships. It investigates any breach of ethics, serves as a program committee, and takes action for the whole staff where such action is necessary.

b. Credentials Committee - The Credentials Committee reviews and evaluates all applications for membership and recommends all staff members for appointment, reappointment, privileges, promotion, and demotion. Appointments and privileges are usually made for one year, but the terms are subject to annual renewal or change. The Credentials Committee makes recommendations to the governing body on the qualifications of the physicians concerned. However, that committee's determinations are always subject to the review and approval of the Executive Committee and the governing body.

Following the credentials check, the Credentials Committee deliberates on the application and sets privileges, if the applicant is approved. Privilege is the practice in that particular facility of those procedures for which the committee considers the physician qualified. Both the Executive Committee, or the equivalent, and the governing body here too must approve the recommendations of the Credentials Committee.

c. Joint Conference Committee - The medical staff must have available a formal means of communication between itself, the governing body, and the administration. If the hospital is of sufficient size, the official means of communication is the Joint Conference Committee. In smaller hospitals, it may be one physician or a meeting involving the medical staff, the governing body, and the administration.

d. Medical Records Committee - The Medical Records Committee supervises and sets policies on the general handling, maintenance, and standards of medical records. This committee audits records for content and completeness and takes action against physicians when these records are incomplete. It supervises and recommends changes in record format and ensures that the records are properly filed and indexed. The committee also safeguards the records by helping to develop policies on privileged communication.

e. Tissue Committee - The Tissue Committee reviews and evaluates all surgery in which tissue is inspected and removed, and attempts to reduce unnecessary surgery of this type by reporting on the removal of tissue and on the laboratory findings. This committee also conducts a program of continuing education through presentations to the medical staff.

f. Other Committees And Departments - All hospitals must have a Pharmacy and Therapeutics Committee and an Infection Control Committee. Large, specialized hospitals may have other committees, such as: Medical Audit, Surgical Audit, Operating Room, and Cancer.

4. MEDICAL DIRECTION

a. Department Divisions - Most larger hospital medical staffs are divided into departments for efficiency, with division depending on the size and complexity of the facility and its staff.

Departmental designations may be as simple as Medical Department and Surgical Department, or the staff can be divided into such departments as Medicine, Pediatrics, Obstetrics and Gynecology, Surgery, and Orthopedics. Reviews and evaluations may be performed either by the entire staff all at once or by monthly departmental meetings. Since departmental variations are almost infinite you, the surveyor, must carefully review the organizational pattern of a facility's staff.

b. Medical Director - The provider must retain a physician to serve as Medical Director/Chief of Staff on a part-time or full-time basis, as is appropriate for the needs of the patients and provider. That official may serve more than one provider. The Medical Director/Chief of Staff is responsible for the overall coordination of the medical care in the provider to ensure the adequacy and appropriateness of the medical services provided to patients and to maintain surveillance of the health status of employees. Other responsibilities are to ensure that the medical regime is incorporated in the patient care plan with the professional staff of the institution, and participation in the development of written policies that govern the patient care and related medical services.

Some of the tasks that the Medical Director/Chief of Staff will implement are to:

- Meet regularly with the medical and/or advisory committee(s) to the provider

- Act as a consultant to the administrator and his staff for advice on medical policy

- Act as a liaison between the provider and the patient's physician when necessary
- Review all admissions and/or applications to the provider to determine if the provider is able to accept the patient
- Act in emergency situations when the patient's attending physician is not available (This should be spelled out in the patient's agreement, and it should be made known to the attending physician.)
- Accept patients under his care if the family does not have a physician
- Advise the administrator of specific patient care problems that need attention
- Perform or review pre-employment and other physical examinations on all employees

The Medical Director/Chief of Staff may assist the administrator through consultation on medical-administrative matters and thus assist him/her and the nursing staff in the implementation of the patient care policies.

Outline briefly the medical practice act in your State.

Outline the minimum contents of medical staff bylaws.

When must the attending physician request consultation by a specialist?

How frequently are appointments to medical staff made?

List the minimal Medical Staff Committee activities that must be identifiable in a hospital.

What are the responsibilities of the Executive Committee, Credential Committee for the medical staff, Joint Conference Committee, Medical Records Committee, Tissue Committee, and Pharmacy and Therapeutics Committee?

Discuss this assignment with preceptor.

Who may function as Medical Director in a skilled nursing facility?

What are the responsibilities of the Medical Director in a skilled nursing facility?

WHEN MAKING A SURVEY, ATTEMPT TO DETERMINE WHETHER THE HEALTH CARE OF EVERY PATIENT IS UNDER THE SUPERVISION OF A PHYSICIAN WHO PRESCRIBES A PLANNED REGIME OF TOTAL PATIENT CARE BY:

- Reviewing the facility's policy manual to check if the facility has a stated requirement that the health care of every patient is under the supervision of a physician

- Reviewing a sample of medical records to determine if:

  - An attending physician was assigned to each patient

  - The total plan of care was prescribed and periodically evaluated by the attending physician

- Reviewing a sample of medication orders and checking whether the appropriate attending physician has signed the orders for his/her patient

- Reviewing minutes of professional staff meetings to determine if:

  - Such meetings occur regularly

  - Physicians coordinate care of their patients with other professionals

- Reviewing pertinent administrative records and interviewing the administrator to determine:

  The frequency of physician visits

  Provision made by physician for alternate visit schedules

  - Provision made by physicians in case of emergencies in their absence

  - Identity of physicians who are negligent of their responsibilities and what the facility is doing about such physicians

- Interviewing nursing staff to determine level of supervision provided by physicians in the care of their patients/residents

Sources of Information

- Medical records
- Minutes of professional meetings
- Medication reviews
- Policy manual
- Administrative records (physician roster, schedules, records of visits)
- Interview with administrator
- Interview with nursing staff

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1021(h)
- 20 CFR 405.1123(b)
- 20 CFR 405.1223(a)(b)
- 442.346

Discuss reading assignments with the preceptor.

List one method to be used in determining whether the health care of every patient is under the supervision of a physician who prescribes a planned regime of total patient care.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with preceptor.

WHEN MAKING A SERVEY, CHECK TO DETERMINE WHETHER MEDICAL FINDINGS AND PHYSICIANS' ORDERS ARE AVAILABLE TO THE FACILITY AT THE TIME OF ADMISSION BY:

- Gathering the names of patients admitted to the facility within the past month
- Checking the records of the newly admitted patients for the existence of medical findings and physicians' orders and the dates these were written and signed by physician
- Comparing the above dates with the date of admission
- Interviewing staff/charge nurses to determine the degree of promptness shown by physicians in providing the facility with the patients' medical record information and signing their orders

Sources of Information

- Admission records
- Medical records of patients admitted in the past month
- Interview with staff/charge nurses

Reading Assignments

- Applicable Code of Federal Regulations and Interpretative Guidelines*

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* There are no directly applicable CFR for ICF's and IMR's, but requirement may be implied in 442.346 and 442.418.

- 20 CFR 405.1122(a)
- 20 CFR 405.1123(a)
- 442.346
- 20 CFR 405.1023
- 442.346

Discuss reading assignments with the preceptor.

List a method that can be used to determine whether medical findings and physicians' orders are available to the facility at time of admission.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

WHEN MAKING A SURVEY, DETERMINE WHETHER PROMPT DIAGNOSIS AND EMERGENCY TREATMENT ARE PROVIDED BY:

(For Emergency Room)

- Determining from the emergency room (E.R.) records the number of emergency cases in the past year (Examine a sample emergency room medical record in order to learn the methods of determining: how soon patients are seen by appropriate professionals -- M.D., physician assistant, or nurse -- after patient's arrival in the E.R.; and how soon treatment is provided.)

- Interviewing E.R. staff to determine if they judge diagnosis and treatment to be promptly provided (If not, determine the reasons for delay, e.g., inadequate paraprofessional help, physician on duty is not around, or inadequate facilities.)

(For Inpatients)

- Reviewing the facility's policy and procedures manuals to familiarize yourself so as to determine whether arrangements provide for the prompt diagnosis and treatment of residents/patients in cases of medical emergencies

- Checking physicians' roster to determine if a physician is scheduled to be on call for emergencies 24 hours a day

- Discussing with the preceptor the medical records of patients who had medical emergencies in order to learn how to determine if the emergencies received appropriate attention

* NOTE: THE REMAINING PORTION OF THIS UNIT APPLIES TO HOSPITALS ONLY.

- Interviewing nursing staff to determine their role in handling medical emergencies and the efficiency with which such cases receive attention by the patients'/residents' attending physician and/or the physicians specifically retained by the facility for emergency cases

Sources of Information

- Facility's policy manual
- Procedures manual
- Emergency room records (in facilities where an E.R. is maintained)
- Medical records
- Interview with E.R. staff (if applicable)
- Interview with nursing staff
- Physicians' roster/schedule

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1033(b)(c)
- 20 CFR 405.1123(c)
- 442.313
- 442.476

Discuss reading assignments with the preceptor.

List a method that can be used to determine whether prompt diagnosis and emergency treatment are provided.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

WHEN MAKING A SURVEY, DETERMINE WHETHER SURGICAL PRIVILEGES ARE DELINEATED FOR ALL PHYSICIANS DOING SURGERY IN ACCORDANCE WITH THE QUALIFICATIONS OF EACH PHYSICIAN BY:

- Reviewing policies and procedures of the Department of Surgery to determine if the delineation of surgical privileges is based on qualifications of physician
- Reviewing the roster of surgeons and determining whether surgical privileges match the physician's qualifications
- Reviewing surgical room records to ensure that cases performed are in agreement with surgical privileges granted to the surgeon

Sources of Information

- Department of Surgery policies and procedures
- Confidential roster of surgical privileges
- Operating room records of surgeries performed

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1031(a)(1)
- 405.1023(i)(2)(ii)

Discuss reading assignments with the preceptor.

List a method that can be used to determine whether surgical privileges delineated for all physicians doing surgery are in accordance with the qualifications of each physician.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

WHEN MAKING A SURVEY, DETERMINE WHETHER THE PRE-ANESTHETIC PHYSICAL EXAMINATION FOR EACH PATIENT IS CONDUCTED BY A PHYSICIAN, WITH FINDINGS RECORDED WITHIN 48 HOURS OF SURGERY, BY:

- Reviewing a sample of medical records for patients who underwent surgery within the past month and checking for:
    - Authorized signature of physician performing physical examination
    - Date of surgery and date of physical examination
- Checking the roster of medical staff privileges to ascertain authority of physician signing entry in the medical record

- Ensuring that the Department of Surgery has effective policies and procedures regarding surgical privileges, maintenance of the operating rooms, and evaluation of the surgical patient

- Determining whether there is a complete history and physical workup in the chart of every patient prior to surgery

- Cross-checking date of the pre-anesthetic physical examination against the date of surgery

Sources of Information

- Medical records
- Administrative records on staff privileges

Reading Assignments

- Applicable Code of Federal Regulations
- 20 CFR 405.1031(b)(1)(i)

Discuss reading assignments with the preceptor.

List one method that can be used to determine whether the pre-anesthetic physical examination for each patient is conducted by a physician, with findings recorded within 48 hours of surgery.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

Review the following slides and listen to cassette tapes related to this unit: "Emergency Services Surgical Services." List two things included on the slides that would be useful to know when making a survey.

Discuss observations with the preceptor.

Figure 2-5. Evaluation Guide: Medical Staff and Physician Services

	Satisfactory	Needs Improvement
Describes pertinent Code of Federal Regulations related to physician services		
Describes CFR requirements for physician visits in different facilities		
Has capability of obtaining relevant information concerning adequate care from informal interviews		
Has capability of screening medical records for admission entries		
Knows how to search for physician signature in medical and medication records		
Knows how to obtain relevant information about medical staff bylaws, appointments, and committees from administrative records		
Knows how to correlate patient care plans with required health care professional involvement		
Knows how to understand surgical policies and procedures regarding staff privileges		

COMMENTS

D. NURSING SERVICES

There must be an organized nursing service with a sufficient number of properly qualified personnel to meet the total nursing needs of all patients in the facility. The director of nursing, who is the key person for the implementation of nursing service, has the responsibility to:

- Develop and update, as needed, statements of philosophy and objectives that define the type of nursing care the facility proposes to provide
- Ensure that the total nursing needs of patients are met by assigning a sufficient number of qualified supervisory and supportive nursing personnel for each tour of duty
- Participate in coordination of patient services through departmental and appropriate staff committee meetings
- Cooperate with the administration in planning a staff development program that will upgrade the competence of personnel
- Ensure that all nurses' notes are informative and descriptive of the nursing care provided and of the patients' responses to care, etc.

Nursing care is designed to help patients/residents maintain physiological functions (fluid balances, elimination, electrolyte status and respiratory status, functional capacity of musculature, neurologic status and nutritional status). Nursing service attempts to ensure that the routine, special, and emergency needs of all patients are met at all times. This includes the need for safety in the event of fire and other disasters.

The nursing service staff develops and coordinates the patient care plan. As a health facility surveyor, you will need to be aware of the nursing care that patients receive, the completeness of care plans, the adequacy and effectiveness of the nursing staff, and the competency of the director of that staff.

Objective - As a result of this study unit, the health facility surveyor will be better able to evaluate the:

- Adequacy of patient care
- Completeness and implementation of patient care plans
- Accuracy of patient records in the health care facility at the time of the survey

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; (2) learning activities; and (3) reviewing slides and listening to cassette tape.

1. DIRECTOR

WHEN MAKING A SURVEY, DETERMINE WHETHER THE DIRECTOR OF NURSING (DN)* HAS THE ADMINISTRATIVE AUTHORITY, THE RESPONSIBILITY, AND ACCOUNTABILITY FOR THE FUNCTIONS, ACTIVITIES AND TRAINING OF ALL CATEGORIES OF NURSING PERSONNEL BY:

- Reviewing written bylaws, philosophy, objectives, policy and procedure manuals, job descriptions, organization chart and other records that reflect the organization of the nursing services to verify the authority, responsibility, duties and accountability of the DN
- Reviewing the nursing procedure manual to determine if it is consonant with the Nurse Practice Act of the State with respect to the duties and responsibilities of each category of nursing personnel

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* In ICF's, the equivalent person is the health services supervisor.

- Substantiating, through committee meeting reports, that:
  - The DN or his/her representative participates in deliberations of the Committee on Patient Care Policy, Pharmacy, Infection Control, and Utilization Review
  - There is evidence that the DN participates in the budget process and has access to reports of consultants and to other department heads.
- Reviewing staff development and in-service training records to check the role of the DN in the training of nursing personnel
- Interviewing the DN and other nursing staff and observe patient care rendered to determine if staff is receiving adequate supervision.

Sources of Information

- Bylaws
- Policy manual
- Nursing procedures manual, organization chart and job description and personnel assigned
- Minutes of committee meetings
- Staff development and in-service training records
- Interview with staff
- Observation of facility
- Observation of patients
- Observation of staff

Reading Assignments

- Applicable Code of Federal Regulations and Interpretative Guidelines and Survey Procedures for the 20 CFR Part 405 Application of the Condition of Participation for Skilled Nursing Facilities
- Interpretative Guidelines and Survey Procedures for the Intermediate Care Facilities

- 20 CFR 405.1131
- 442.300
- 442.303
- 442.345
- 442.491

Discuss reading assignments with the preceptor.

List two methods to determine whether the director of nursing has the administrative authority and the responsibility and accountability for the functions, activities, and training of all categories of nursing personnel.

List three sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

2. ADEQUACY OF PERSONNEL

WHEN MAKING A SURVEY, DETERMINE WHETHER THERE IS AN ADEQUATE NUMBER OF REGISTERED NURSES TO MEET THE NEEDS OF THE PATIENTS BY:

- Checking currency of licensure and registration of nurses employed by the facility

- Reading policy manuals to determine level of nursing services offered by the facility

- Reviewing medical records to:

  - Determine level of care needed by patients/residents

  - Confirm that entries in records requiring RN action have been carried out (e.g., physician orders and patient care plan)

  - Confirm the entries (requiring RN signature, e.g.) that verbal medication orders have been signed and administered as ordered

  - Confirm that the medication records of ICF residents are reviewed monthly by an RN

- Observing care rendered to patients, to assess adequacy of care, for those requiring RN and/or LPN services (i.e., patients with decubitus, unstable condition, or frequent medication changes, and those receiving I.V. therapy, catheter care, and/or tube feedings)

- Interviewing nursing staff with respect to their perception of the adequacy of nursing care rendered

- Reviewing nursing service personnel records (qualifications, staffing pattern, assignments, and time cards) to determine if the number of RN's and LPN's on duty on each shift is sufficient to meet the needs of the patients taking into consideration:
    - Purposes and objectives of the facility
    - Physical layout and size of the facility
    - Total number of patients/residents
    - Intensity of illness, nursing needs, and the degree of dependence of patients/residents
    - Availability of nurse aides and orderlies
    - Non-nursing functions performed by nursing service staff
    - Training and experience of personnel
    - Waivers under 20 CFR 405.1911 for SNF's

Note: The surveyors apply as a minimum guide for staffing in facilities the State staffing requirements.

Sources of Information

- Policy manual
- Personnel records (licensure/registration, qualifications, assignment schedules, and time cards for a three-week period prior to the survey)
- Medical records, including patient or health care plans and medication records

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1024(b) and (e), (2) through (4)*

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*The code numbers were taken from the Code of Federal Regulations, 42, Public Health Service, 1978. U.S. Government Printing Office, Washington. Code numbers cited in form SSA 1537 do not coincide with these numbers.

- 20 CFR 405.1124(b)(c)
- 20 CFR 405.1224
- 442.339
- 442.343
- 442.478

Discuss reading assignments with the preceptor.

List three methods that can be used to determine whether there is an adequate number of registered nurses to meet the needs of the patients.

List one source of information to substantiate the above.

Give data tag number of Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

3. REGISTERED NURSE SUPERVISOR

WHEN MAKING A SURVEY, DETERMINE WHETHER THE 24-HOUR NURSING SERVICE IS RENDERED OR SUPERVISED BY AN APPROPRIATELY LICENSED NURSE BY:

- Checking currency of licensure and registration of nurses as charge nurses on each tour of duty in the three weeks prior to the survey
- Cross-checking personnel records (qualifications, assignments, schedules, on-call duties, time cards, absences, leaves, for a three-week period prior to the survey) to determine whether there are a sufficient number of qualified licensed nurses:
    - RN on each shift for hospitals
    - RN seven days a week for SNF with a RN or LPN/LVN for afternoons or nights
    - RN of LPN/LVN seven days a week on day shift for ICF
    - RN consultation available at least four hours per week, if LPN/LVN
- Reviewing nursing notes in medical records to determine if entries are properly recorded and verifying that the patient care plan is being implemented
- Interviewing staff nurses, aides and orderlies -- especially those assigned to evening and night shifts -- to determine the degree and type of RN/LPN supervision
- Interviewing nurse supervisors and charge nurses to determine if their assignments permit adequate supervision of nursing service personnel
- Observing the general condition of patients/residents -- positioning, grooming, alertness, etc. -- for indicators concerning the adequacy of nursing care supervision

- Observing implemented nursing procedures within the nurse's station and in patient/resident rooms for evidence of good supervision

- Checking accident records and other investigative reports (e.g., errors in medication administration, patients falling out of bed or chairs) to determine frequency, time, and cause of occurrence.

Sources of Information

- Patients/residents
- Personnel records (licensure/registration, qualifications, assignments, schedules, and time cards)
- Medical records
- Accident and investigative reports

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1024(b)*
- 20 CFR 405.1124(b)(c)
- 442.339

Discuss reading assignments with the preceptor.

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*The code numbers were taken from the Code of Federal Regulations, 42, Public Health Service, 1978. U.S. Government Printing Office, Washington. Code numbers cited in form SSA 1537 do not coincide with these numbers.

List two methods that can be used to determine whether the 24-hour nursing service is rendered or supervised by an appropriately licensed nurse.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

4. OTHER NURSING SERVICES

WHEN MAKING A SURVEY, DETERMINE WHETHER THERE ARE OTHER NURSING PERSONNEL IN SUFFICIENT NUMBERS TO PROVIDE NURSING CARE NOT REQUIRING THE SERVICES OF A REGISTERED NURSE BY:

- Reviewing schedules of nursing service personnel and computing the full-time equivalents or hours of care per patient/resident of professional and support personnel available to the facility during:
    - Each shift for the full two-week period of ICF's and IMR's
    - Three weeks for hospitals and SNF's prior to the survey date
- Determining from the assignment records whether categories of nursing personnel are assigned appropriately (i.e., non-licensed personnel are not being assigned to perform tasks requiring action by licensed personnel)
- Visiting living and activity areas and observing if patients/residents are:
    - Clean and well groomed
    - Protected from accidents or injury by appropriate safety measures
    - Encouraged to perform out-of-bed activities unless contraindicated
    - Being trained or assisted in developing self-care in their activities of daily living
- Observing nursing staff-patient/resident interactions to determine if:

  - Calls for assistance receive prompt attention
  - Nursing personnel help promote optimal physical and psychological functioning of patients/residents

- Inspecting patient/resident rooms to see if standards of nursing practice regarding maintenance are maintained (e.g., clean sheets on beds, bedpans properly stored, etc.)

- Reviewing patient care plans to determine degree of illness and dependency of patients (patient characteristics)

- Correlating patient/resident characteristics and facility's physical layout with staffing patterns and patient care observed above to determine compliance with standards set by State or Federal regulations (whichever are higher)

Sources of Information

- Nursing service personnel schedules including relief and on-call schedules
- Nursing service personal assignments and job descriptions
- Patient care plans
- Time books

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1024(a)
- 20 CFR 405.1124(c)
- 442.302
- 442.340
- 442.342
- 442.480

Discuss reading assignments with the preceptor.

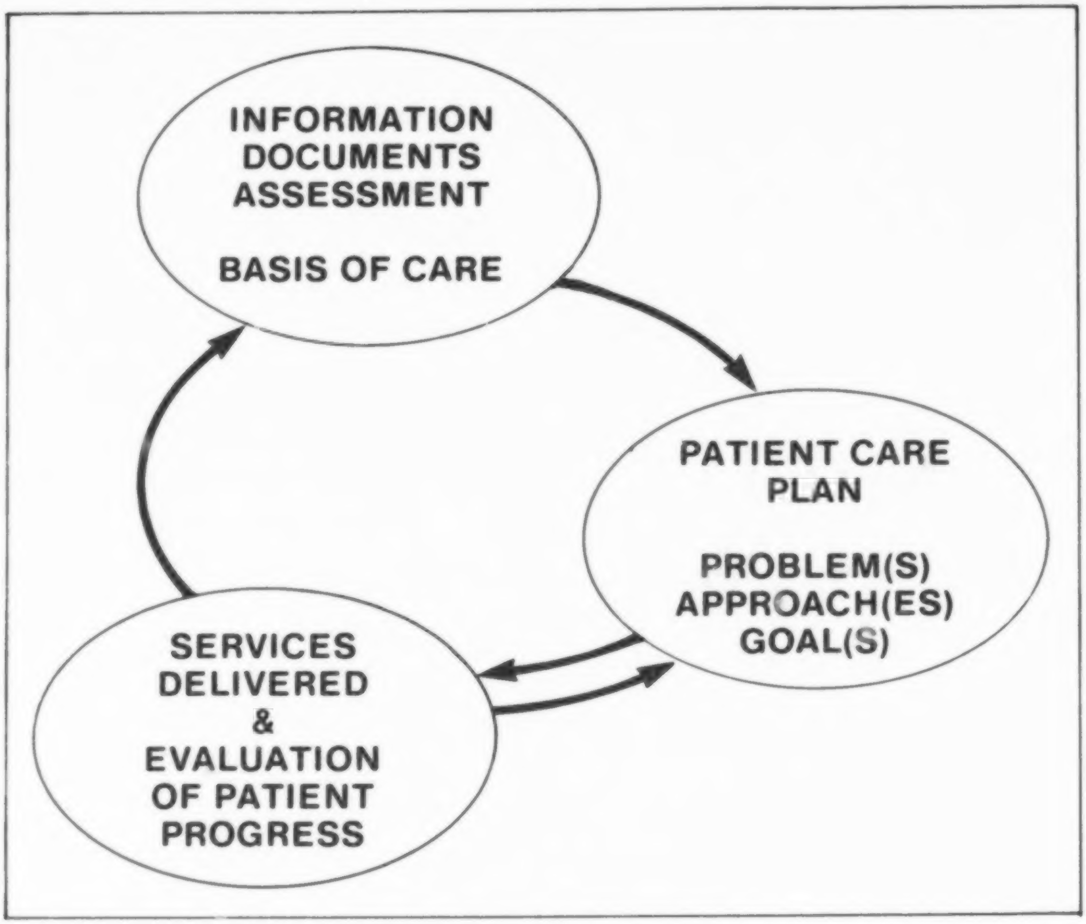
List three methods that can be used to determine whether there are other nursing personnel in sufficient numbers to provide nursing care not requiring the services of a registered nurse.

List one source of information to substantiate the above.

Give data tag number of Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

Figure 2-6. Patient Care Cycle


INFORMATION
DOCUMENTS
ASSESSMENT
BASIS OF CARE
PATIENT CARE PLAN
PROBLEM(S)
APPROACH(ES)
GOAL(S)
SERVICES DELIVERED & EVALUATION OF PATIENT PROGRESS

5. PATIENT CARE PLANS

WHEN MAKING A SURVEY, DETERMINE WHETHER THERE ARE WRITTEN POLICIES AND PROCEDURES FOR PATIENT CARE PLANNING BY:

- Reviewing policy and procedure manuals to identify specifics of patient care planning

- Selecting a sample of patient/resident records in each unit to verify that:

    - There is an assessment of patients'/residents' needs by each discipline involved in care of patients/residents, both on admission and at regular intervals thereafter

    - The plan of care is being implemented

- Checking the written care plans to determine if the policies and procedures are being followed and that:

    - Appropriate problems, approaches, and goals have been included in the plan for care

    - Each plan for care is in consonance with the attending physician's plan for medical care

    - Plans are reviewed as required by the appropriate professional personnel (e.g., they are kept current in hospitals, regularly in SNF's, quarterly in ICF's, and at least annually in IMR's)

Sources of Information

- Nursing procedures manuals
- Patient care plans

- Medical records
- Observation of critical procedures carried out for Patient (e.g., medication administration and isolation techniques)

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guides
- 20 CFR 405.1024(g)(1) through (4)*
- 20 CFR 405.1124(d)
- 442.319
- 442.341
- 442.304
- 442.478
- 442.411

Discuss reading assignments with the preceptor.

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*The code numbers were taken from the Code of Federal Regulations, 42, Public Health Service, 1978. U.S. Government Printing Office, Washington. Code numbers cited in form SSA 1537 do not coincide with these numbers.

List two methods that can be used to determine whether there are written nursing procedures and patient/resident care plans.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which the activity would relate and show the difference between each type of provider.

Discuss with the preceptor.

6. SPECIALIZED NURSING SERVICES

WHEN MAKING A SURVEY, DETERMINE WHETHER THERE ARE ADEQUATE NURSING PERSONNEL FOR SPECIALIZED SERVICES (E.G., SURGICAL SUITE, CLINIC) COMMENSURATE WITH THEIR SIZE AND DEGREE OF ACTIVITY BY:

- Reviewing nursing personnel staffing patterns to determine if assignments are appropriate to qualifications (e.g., LPN's can act as scrub nurses, but not as circulating nurses in operating rooms)
- Reviewing patient load and patient characteristics for the service unit and correlating the findings with schedules to determine the adequacy of staffing
- Interviewing nurse supervisors and staff to determine if there are adequate nursing personnel assigned to the service so that personnel covering patient wards are not constantly reassigned to special service areas.

Sources of Information

- Job description, assignments, and schedules of nursing service personnel assigned to specialized service area
- Patient census and medical records of patients seen in the service unit for a period corresponding to the reviewed schedules

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1024(d)*

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*The code numbers were taken from the Code of Federal Regulations, 42, Public Health Service, 1978. U.S. Government Printing Office, Washington. Code numbers cited in form SSA 1537 do not coincide with these numbers.

- 20 CFR 405.1031(a)(10)
- 20 CFR 405.1032(b)(2)(3)
- 20 CFR 405.1033(a)(3)

Discuss reading assignments with the preceptor.

List two methods to determine whether there are adequate nursing personnel for specialized services (e.g., surgical suite, clinic) commensurate with their size and degree of activity.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

Review slides and the cassette titled "Nursing Services." List five procedures you observed which would constitute usable techniques in making a survey. Read a report of a survey from a good facility and from a poor facility.

Discuss the above with preceptor.

7. REHABILITATIVE NURSING

WHEN MAKING AN OBSERVATIONAL SURVEY, DETERMINE THE EXISTENCE OF AN ACTIVE PROGRAM OF REHABILITATIVE NURSING CARE BY:

- Reviewing patient/resident record and determining whether a plan of care has been developed to encourage the patient/resident to perform at his/her optimal functioning level
- Reviewing the nursing procedures manual and checking for existing approaches and procedures that enable patients/residents to achieve an optimal level of self-functioning (e.g., range of motion, bowel and bladder training, positioning, etc.)
- Reviewing the patient care plan for evidence of planned rehabilitative nursing measures)
- Observing patients in bed and in wheelchairs for proper body alignment and positioning, impaired circulation, and edema of extremities
- Checking adherence to a planned turning schedule for those patients confined to bed, by interviewing aides, and checking patients for bed sores
- Determining if there is a bowel and bladder retaining program for incontinent patients and if it is being followed
- Checking the response of the patient to the rehabilitative nursing care by reviewing notes in the medical records and by interviewing patients

- Reviewing in-service training records and determing that:
  - Training in skills of rehabilitative nursing is included in the orientation and ongoing staff development program
  - Physical therapists also participate in this program.

Sources of Information

- Nursing procedures manual
- Patient/resident care plans
- Patient/resident interviews/observations
- Medical records
- Observation of rehabilitative nursing care techniques
- Interview with nursing aides

Reading Assignments

- Applicable Code of Federal Regulations and Interpretative Guidelines
- 20 CFR 205.1124(e)
- 442.342
- 442.433
- 442.443

Discuss reading assignments with the preceptor.

Figure 2-7. Evaluation Guide: Nursing Services

	Satisfactory	Needs Improvement
Describes pertinent Code of Federal Regulations		
Describes the Nurse Practice Act of the State		
Describes interviewing techniques and skills adequate to obtain information		
Describes nursing service organization and functions required in hospitals, SNF's and ICF's		
Describes the appropriate role of the DN in hospitals and SNF's, and of health services supervisor in ICF's		
Describes care requiring RN services		
Describes waiver conditions 20 CFR 405.1911		
Describes time required to provide care to patients according to the level of care needed (e.g., ratios for SNF's used in your State)		
Describes nursing personnel requirements in specialized areas of hospitals (e.g., OR, ER, OP clinics)		
Determines whether the nursing services reflected in the written policies, job descriptions and manuals can meet patients'/residents' needs		
Distinguishes between skilled care requiring the services of a licensed nurse (which may differ from State to State) and other care that can be performed by non-nursing personnel		
Determines from medical records those portions requiring action and documentation by RN's		

Figure 2-7. Evaluation Guide: Nursing Services
(Continued)

	Satisfactory	Needs Improvement
Reviews medical records and determines that an appropriate licensed nurse has made entries in the records as required		
Understands basic medical terminology and makes judgments based upon this information and observation of patients as to whether care is safe		
Recognizes currency of nurse licensure/registration		
Reads and interprets job descriptions		
Reads and interprets personnel assignment/schedule worksheets		
Evaluates the capability of the nursing director to fulfill the required job responsibilities		
Evaluates training and experience of nursing service personnel		
Correlates qualifications of nursing service personnel with assigned duties		
Judges level of supervision required by the categories of personnel for different duty shifts		
Determines the staffing acceptable in relationship to the physical facilities and layout provided		
Interprets patient care plans		
Assesses patient's/resident's level of care needed		
Evaluates adequacy of care being provided		
Assesses adequacy of care received by patients/residents		

Figure 2-7. Evaluation Guide: Nursing Services (Continued)

	Satisfactory	Needs Improvement
Assesses whether nursing care needs are identified and met		
Determines level of care needed from patient records		
Correlates level of patient/resident care needs and nursing service personnel requirements		
Computes full-time equivalent staffing from personnel schedules		
Spots errors in nursing procedures while observing patients and staff		
Obrains relevant information through informal interviews		
Checks information without projecting an investigative attitude		

COMMENTS

E. DIETETIC SERVICES

The dietary department is very important in a health care facility where food should be and often is the highlight of the day. Food has meaning: For most people, it is a measure of the care that patients/residents receive from those who prepare and serve the meals. They can satisfy more than nutritional needs, since they meet social and emotional requirements in addition to satisfying physical wants.

The patient/resident in a health care facility brings the eating habits of a lifetime which have been influenced by national origin, ethnic values, and economic factors. Recognition of food preferences and understanding their importance to the patient helps the dietetic service supervisor plan meals that will be eaten and enjoyed. The time and expense involved in menu planning, purchasing, preparation, and service is wasted if a patient/resident refuses a portion of the meal, has no desire to eat regular size servings, can't chew the food that is served, or cannot feed himself/herself. Additionally, the patient/resident is being deprived of the nutrients required to help meet the body's needs. It is, therefore, important that dietary and nursing staffs cooperate to ensure that menus are well planned, that meals are prepared to retain nutrients, and that they are served in the proper amounts and the correct consistency.

Sanitation is especially important in dietetic services because food can easily be contaminated. Moreover, patients/residents usually have less resistance and may be more susceptible to food borne illness.

Dietetic services personnel include dietitians, dietetic service supervisors, dietetic technicians, cooks, and food service workers. The number of personnel and scope of service will depend upon the size, layout, and services offered by the health care facility.

Dietetic services must be directed by qualified personnel in order to meet Federal regulations.

Objective - As a result of this study program, the health facility surveyor will be better able to evaluate the menu for:

- General and modified diets
- Standards for food preparation
- Accuracy of service as related to diets prescribed
- Level of sanitation implemented at the health care facility at the time of the survey

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; (2) learning activities; and (3) reviewing slides and listening to cassette tape.

1. ORGANIZATION AND STAFFING

WHEN MAKING A SURVEY, DETERMINE WHETHER DIETETIC SERVICES ARE PROPERLY ORGANIZED, STAFFED, AND MANAGED BY:

- Determining from the facility's policy manual the type of food service organization approved by the governing body (e.g., contract with a food management company, contract with a consultant dietitian, etc.)
- Reviewing the dietary services' organization chart and job description, to determine if:
  - Lines of responsibility exist
  - Sufficient personnel with the proper qualifications are assigned to the various established positions (consider the type and size of the facility, the level of institutional care, the type of meal service -- selective, tray, cafeteria, etc. -- and the total number of meals served per day)

- Determining if dietary services personnel are provided with a policy and procedures manual that contains adequate guidelines for:
  - Food storage
  - Food preparation
  - Meal service
  - Waste and garbage disposal
  - Dishwashing procedures
  - Equipment maintenance and cleaning
  - Accident prevention
  - Infection control
  - Disaster preparedness

- Determining, through orientation and in-service training records, whether food service employees are kept updated on procedures established by the dietitian or dietary supervisor

- Interviewing some dietary personnel to check if they are aware of their responsibilities, job descriptions, and work schedules; and if these tools are being followed

- Interviewing the dietary supervisor, who is not a qualified dietitian, to determine if sufficient management guidelines are prepared by the consultant dietitian regarding:
  - Menu planning for regular and modified diets
  - Food procurement
  - Record systems
  - Coordination with other services (e.g., patient services with the nursing department, sanitation with the housekeeping department)

- Interviewing nursing staff to determine if problems regarding food service to patients occur (cause(s) of such problems and their frequency, if they do occur)

- Reviewing incident and accident reports since the last survey, to determine the occurrence of food borne illness, kitchen accidents, meal service complaints, and other food service related incidents (Note: Frequent food service related incidents/accidents reflect poor management.)

- Reviewing scheduling of personnel and meal service to check whether:

  - Sufficient personnel are assigned to cover each meal and snack period

  - Lapse of time between the last meal of one day and the first meal of the following day is within reasonable limits

- Observing meal preparation and service to evaluate "smoothness" of service

- Observing the record filing system (standardized recipes, diet orders, personnel records, etc.) in the dietary supervisor's office to determine its functional utility in the management of the dietary service.

Sources of Information

- Facility's policy manual
- Organizational chart showing dietetic services position in facility and specifics within dietetic services

- Dietary service's procedures manual
- Job descriptions
- Work schedules
- Orientation records
- In-service minutes
- Observation of dietary staff and operations
- Interview with dietary staff
- Interview with nursing staff
- Incident/accident reports
- Standardized recipe file
- Diet order records
- Cleaning schedule

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1025(a)(c)(d)
- 20 CFR 405.1125(a)(d)
- 45 CFR 249.13(c)(4)
- 442.331
- 442.332
- 442.465
- 442.466
- 442.467
- 442.471
- 442.473

Discuss reading assignments with the preceptor.

List two methods that can be used to determine whether dietetic services are properly organized and managed.

List two sources of information to substantiate the above.

Give data tag number of Federal Survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

2. SUPERVISION OF PATIENT NUTRITION

WHEN MAKING A SURVEY, DETERMINE WHETHER THERE IS ADEQUATE SUPERVISION OF PATIENT NUTRITION BY:

- Reviewing dietetic and patient care policies and procedures for the nutritional care planning process to identify the extent to which the patients'/residents' nutritional status is being assessed and by whom

- Checking patient/resident records for written dietary assessments and nutritional care plans

- Reviewing nutritional care plans to determine whether:

    - They are current

  - Patients' dietary needs are specified, together with a corresponding plan for meeting such needs

  - The assessment and care planning were done by a qualified dietitian

- Reviewing work assignments for nursing staff and food services personnel during meal service to determine if supervision of each meal service, including snacks, is provided by dietary or nursing personnel using guidelines established by a qualified dietitian or dietary supervisor

- Observing patients/residents with special feeding problems (e.g., anorexic, spastic, or blind; or patients with chewing/swallowing difficulties, or patients without the use of arms or hands) to determine if they are receiving proper assistance at meal times and if adequate self-help devices are provided

- Visiting patients/residents with prescribed food and fluid intakes (e.g., forced fluids) and observing and talking with patients/residents who are not confused or disoriented to determine if they are aware of their diet prescriptions

- Interviewing nursing staff and dietary personnel to determine whether they know the patients/residents who are on modified diets or who have special feeding problems, and observing how such problems are handled

- Reviewing written contract with, and schedule of visits by, the consulting dietitian (if the dietary supervisor is not a qualified dietitian), to determine if time and frequency of visits are scheduled to ensure:

- Assessment and guidance in menu planning, food procurement, preparation, and service

- Coordination with nursing service and attending physicians on nutritional care plan of patients/residents

- Patient/resident assessment

Sources Of Information

- Nutritional care plans
- Nursing notes
- Work schedules and assignments of nursing and food service staff
- Observation of patients receiving meals
- Patient/resident interviews
- Nursing staff and food service supervisor interviews
- Personnel file on qualifications of dietary supervision
- Contract and schedule of consulting dietitian

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1025(a)(2) through (3)
- 20 CFR 405.1025(c)(1)(4)
- 20 CFR 405.1124(f)
- 20 CFR 405.1124(a)
- 442.332
- 442.471
- 442.472

Discuss reading assignments with the preceptor.

List two methods that can be used to determine whether there is adequate supervision of patient/resident nutrition.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the difference between each type of provider.

Discuss with the preceptor.

Review 405.1124 - 178, 179, 180 for relationship of nursing to dietary services. Describe your findings.

Describe one procedure to be established by nursing and dietary services in order to implement a team approach to patient care.

Figure 2-8. Daily Food Guide for Adults

Food Group	Total Recommended Servings	Average Serving Size
MILK GROUP	2 or more 8-ounce cups	1/2 to 1 cup
MEAT GROUP	2 or more servings for a total of 4 to 6 ounces	2 or 3 ounces
VEGETABLE AND FRUIT GROUP	4 or more servings	1/2 cup
Include:		
Citrus fruit or other fruit or vegetable high in vitamin C	1 serving	1/2 cup
Dark-green or deep-yellow fruits for vitamin A	1 serving at least every other day	1/2 cup
Other vegetables and fruits	to make a total of 4 or more servings	1/2 cup
BREAD AND CEREAL GROUP (whole-grain, enriched, or restored).	4 or more servings	1 slice of bread or 1/2 to 3/4 cup cereal
OTHER FOODS	As needed to complete meals and to provide additional food energy	

3. MENUS

PROCEDURES TO FOLLOW TO EXAMINE MENUS FOR NUTRITIONAL ADEQUACY.

- Review all menus for a period of one week before, and one week after, the date of the survey to determine whether:
  - Menus are planned in advance
  - Substitutions are recorded
  - Menus are approved by a qualified dietitian
- Check the meal patterns to determine whether:
  - They follow the Basic Four food groups
  - There is sufficient variety in foods served (see Figure 2-8. Daily Food Guide for Adults)
- Check the record of substitutions to verify:
  - How frequently they occur
  - That substitutions are made within the same food group and do not result in repetition of menus served either the previous or succeeding day (Note: Under normal conditions, menus are not being planned adequately or purchasing procedures are not being handled properly if substitutions occur more than once a week.)
- Compare the written menu with the foods served for the day and with the food on hand to ascertain whether menus are being followed

- Observe at least one meal service, note the serving portion and leftovers on patients'/residents' trays to determine if:
  - Portions served are too large or too small
  - Foods served are generally accepted by patients

- Do a follow-up on patients/residents with large amounts of leftovers, and (through interviews with patients/residents, nursing and dietary personnel) determine whether:
  - The patient/resident rejects food frequently and why
  - Substitutions are offered and accepted
  - Frequent food rejection has affected patient's/resident's weight

Sources of Information

- Two-week menus (1 week before and 1 week after survey date)
- Record of menu substitutions
- Patients/residents' weight records
- Examination of food supply
- Observation of meals actually served
- Observation of patient/resident acceptance of meals
- Interviews with dietary/nursing staff
- Interview with patients/residents

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1025(d)(2)

- 20 CFR 405.1125(b)
- 442.332
- 442.466
- 442.468

Discuss reading assignments with the preceptor.

List two methods that can be followed to examine menus for nutritional adequacy.

List two sources of information which can be used to substantiate the above.

Give data tag number of Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

4. SPECIAL DIETS

WHEN MAKING A SURVEY, DETERMINE WHETHER SPECIAL DIETS ARE ADEQUATELY PROVIDED BY:

- Obtaining records of patients/residents on modified diets to determine if the diet order is:
    - The availability and use of a diet manual for planning modified diets
    - The involvement of the consultant dietitian (if dietary supervisor is not a qualified dietitian) in planning of modified diets
- Interviewing the dietary supervisor regarding:
    - The availability and use of a diet manual for planning modified diets
    - The involvement of the consultant dietitian (if dietary supervisor is not a qualified dietitian) in planning of modified diets
- Interviewing nursing and dietary staff to determine if there is a working system of transmittal and follow-up of diet changes
- Interviewing patients on modified diets to determine:
    - If they are aware of the modifications in their diets
    - How often the dietitian or dietary supervisor talks to them about their diets

- Reviewing a one-week menu to determine if there is adequate planning for modified diets

- Observing preparation of modified diets to determine if dietary personnel actually follow special preparation methods (e.g., no salt for low sodium diets, portion control of diabetic and low-calorie diets)

- Observing meals and snack service to patients/residents on modified diets to verify whether:

    - There is adequate control that ensures delivery of the correct diet to the patient/resident

    - Personnel serving the patient/resident are aware of the required modifications.

Sources of Information

- Diet orders in medical records
- Dietary records
- Written menu plans
- Facility's diet manual
- Interview with dietary/nursing staff
- Interview with patients/residents on modified diets
- Observation of modified diets preparation and service

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1025(b)(1)(3)
- 20 CFR 405.1125(c)
- 442.333
- 442.466

Discuss reading assignments with the preceptor.

List two methods you can follow to determine whether there are provisions for special diets.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

5. FOOD PREPARATION

WHEN MAKING A SURVEY DETERMINE WHETHER FOODS ARE PREPARED BY METHODS THAT CONSERVE NUTRITIVE VALUE, FLAVOR, AND APPEARANCE; AND WHETHER THEY ARE ATTRACTIVELY SERVED AT THE PROPER TEMPERATURES AND IN A FORM TO MEET INDIVIDUAL NEEDS BY:

- Interviewing the dietary supervisor and cooks to determine the availability and use of standardized recipes approved by a qualified dietitian for institutional use

- Checking equipment (especially refrigerators, coolers, and freezers) for thermometers

- Observing food production during various stages of preparation to determine whether proper methods are used to conserve nutrients and flavor (e.g., are vegetables and fruits rinsed before cutting, and not after; and are they served or cooked shortly after cutting)

- Observing handling of ready-to-serve foods during the period between preparation and service, to verify if hot foods are kept hot and cold foods are kept chilled

- Visiting patients during mealtime and observing the color, texture, and appearance of foods when they reach the patient (Note: Discoloration indicates either that the food has been cooked too long or that there has been an excessive delay in service. Texture should be acceptable to the patient; this is especially important to residents with chewing problems.)

- Observing the food left on trays after a meal to determine general acceptance of foods served

Sources of Information

- Production schedules
- Standardized recipes
- Interviews with employees
- Observation of food production and service
- Inspection of dietary equipment
- Interview with patients
- Food thermometer

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines*
- 20 CFR 405.1025(b)(4)(5)(6)
- 20 CFR 405.1125(e)
- 442.464

Discuss reading assignments with the preceptor.

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*There is no equivalent CFR standards in ICF's for this task, but the importance of the task suggests that it should also supply to ICF's.

List two methods that can be used to determine whether foods are prepared by methods that conserve nutritive values and are attractively served.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

6. SANITATION

WHEN MAKING A SURVEY, THE FOLLOWING PROCEDURES CAN BE USED TO EXAMINE THE FOOD PREPARATION AND SERVICE FACILITIES FOR SANITARY CONDITIONS:

- Review the facility's policy manual to determine if policies are specified for:
    - Sanitation procedures (including insect/rodent control) in food prepartation and service areas
    - Food storage
    - Waste and garbage disposal
    - Health and personal hygiene of food service workers
- Review in-service training records of dietary service and housekeeping personnel to determine:
    - Employee attendance
    - Adequacy and relevancy of training to infection control, hygiene, and sanitation procedures
- Check posted cleaning schedule to determine regularity of, and the availability of, personnel for cleaning assignments
- Inspect food preparation areas to:
    - Note maintenance of working surfaces, equipment, utensils, and serving dishes
    - Check the temperature and supply of hot water
    - Observe food handling procedures

- Inspect food storage areas and check for:
    - Proper temperature for freezing, refrigeration, and dry storage
    - Evidence of food spoilage
- Inspect garbage disposal areas to determine:
    - Cleanliness of unit
    - Sufficient separation from food preparation and service areas
- Inspect dishwashing area to determine use of correct dishwashing methods
- Observe the apparent health and personal cleanliness of personnel who prepare or serve food
- Determine from personnel records the existence of current health certificates of food service workers

Source of Information

- Facility's policy manual
- In-service training records
- Employees' personnel records
- Observation of areas where food is stored, prepared and served
- Observation of garbage disposal system

Reading Assignments

- Applicable Code of Federal Regulations and Interpretative Guidelines
- 20 CFR 405.1025(b)

- 20 CFR 405.1125(f)(g)
- 20 CFR 405.1134(h)
- 442.331
- 442.469

Discuss reading assignments with the preceptor.

List two methods that can be used to examine the sanitary conditions of the food service department.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate to and show the differences between each type of provider.

Discuss with the preceptor.

Review slides and listen to cassette tape on "Dietetic Services." List three useful items included on the slides for which you should search when making a survey.

Discuss observation with the preceptor.

Figure 2-9. Evaluation Guide: Dietetic Services

	Satisfactory	Needs Improvement
Describes pertinent Code of Federal Regulations		
Describes 20 CFR 405.1101(e) and (f) -- qualifications of dietary supervisor and dietitian		
Describes 20 CFR 405.1121(i) -- use of consultant services		
Describes nutritional needs of the patient population (RDA's and Basic Four)		
Describes Food Service Sanitation Code		
Describes commonly encountered dietary needs of long-term care patients		
Describes appropriate substitutions (indicated on planned menus)		
Describes common dietary modifications encountered in long-term care facilities and required special preparation methods		
Describes methods of controlling/monitoring accuracy of food service to patients on modified diets		
Describes proper institutional dishwashing methods		
Describes proper food storage temperatures		
Describes sources and methods of transmitting food-borne illnesses		
Describes dietary functions in relation to schedules, job description, orientation plans, and qualifications of supervisor		

Figure 2-9. Evaluation Guide: Dietetic Services (Continued)

	Satisfactory	Needs Improvement
Describes management principles and practices		
Describes proper operation of major pieces of food production equipment		
Describes: a standardized recipe, portion control devices, production schedule, and common can sizes		
Describes proper food preparation methods for various food types (e.g., pork products, vegetables, poultry)		
Describes common causes of nutrient loss in institutional food production		
Correlates needs of patients, personnel assignments, and meal service procedures with the type and amount of supervision required from the: consulting dietitian, dietary supervisor, and charge nurse		
Obtains relevant dietary information from patient records		
Estimates serving portions according to patient requirements and type of meal pattern in use (i.e., three meals versus four or five meals)		
Assesses nutritional adequacy of menus		
Interprets meal pattern in relation to Basic Four food groups		
Interprets diet order in relation to diet manual and planned menus		
Reads and interprets personnel assignment and schedule worksheets		
Assesses written procedures in relation to actual practice		

Figure 2-9. Evaluation Guide: Dietetic Services (Continued)

	Satisfactory	Needs Improvement
Determines personnel requirements in relation to meal service		
Spots errors in food preparation storage and service that result in nutrient loss and low patient acceptability		
Unobtrusively observes patient during mealtime		
Observes and gathers information without projecting an investigative attitude		
Observes errors in food preparation and service		
Obtains relevant information through informal interviews		
Obtains accurate information through observation		
Interviews patients		
Interviews personnel (nursing and dietary)		

COMMENTS

F. SPECIALIZED REHABILITATIVE SERVICES (SRS)

In addition to rehabilitative nursing, the skilled nursing facility/ intermediate care facility arranges for specialized services such as: physical therapy, speech pathology and audiology, and occupational therapy. Hospitals may provide physical therapy, occupational therapy, and speech pathology and audiology. Institutions for the mentally retarded may offer--in addition to the above--psychological services and recreational activities. Most of these services are furnished upon the written order of the patient's/resident's physician, depending on the level and kind of care provided. If the facility does not offer such service directly, it neither admits nor retains patients/residents in need of this care unless provision is made for needed service.

When the facility provides rehabilitative services, they are identified in a written organizational plan, together with a definition of responsibility within each discipline and the relationship of these services to the facility. The services are then provided under a written plan of care, the patient's/resident's progress is reported appropriately, and the plan is reevaluated as necessary.

A certain percentage of the patients/residents in the health care facility require special rehabilitative services. The purpose of these services is to restore or maintain the patient's functions, which may be of a physical, speech, or occupational nature.

Objective - As a result of this study program, the health facility surveyor will be better able to evaluate the provider's capacity and performance for specialized rehabilitative services.

The trainee is responsible for completing the following relative to this unit: (1) reading assignments; (2) learning activities; and (3) review of slides and listening to cassette tape.

WHEN MAKING AN OBSERVATIONAL SURVEY, DETERMINE THE EXISTENCE OF AN ACTIVE PROGRAM OF REHABILITATIVE CARE UNDER A PLAN WHEREIN YOU:

- Review patient/resident records and determine if SRS as well as an overall plan of care are developed to encourage the patient/resident to perform at his/her optimum functioning level
- Review SRS as well as nursing procedure manuals and check for existing approaches and procedures for enabling patients/residents to achieve an optimum level of self-functioning
- Review patient/resident medical records for reports given to attending physician and progress notes on each visit
- Verify that a treatment plan is established and approved by the attending physician
- Determine that SRS are provided by qualified therapists
- Check the response of the patient/resident to the specialized rehabilitative care by reviewing notes in the medical records and by interviewing patients
- Review in-service training records and determine that training in skills of SRS as well as rehabilitative nursing is included in the orientation and ongoing staff development program (The surveyor may suggest that physical therapists, occupational therapists, speech pathologists, and audiologists also participate in this program.)
- Observe patients/residents at meal time for adaptive feeding devices and proper table positioning.
- Check to determine whether there is an adequate number of wheelchairs available for all patients.

Sources of Information

- SRS and nursing procedures manual
- Patient/resident care plans
- Patient/resident interviews/observation
- Medical records
- Observation of SRS and rehabilitative nursing care techniques
- Interview with nursing aides and rehabilitative staff
- Personnel records/contracts/qualifications

Reading Assignments

- Applicable Code of Federal Regulations and Interpretative Guidelines
- 20 CFR 405.1031(d)(1) through (4)
- 20 CFR 205.1124(e)
- 442.342
- 442.433
- 442.443

Discuss reading assignments with the preceptor.

List a method that can be used to determine whether there is an active program of SRS, including coordination with the rehabilitative nursing program.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

Review slides and listen to cassette tapes on "Specialized Rehabilitative Services." List five procedures that you observed which would constitute usable techniques when surveying for Specialized Rehabilitative Services.

Discuss the above with the preceptor.

Figure 2-10. Evaluation Guide: Specialized Rehabilitative Services

	Satisfactory	Needs Improvement
Describes an active program of rehabilitative nursing care		
Describes a good independent and group activity plan that can be designed to meet patient/resident rehabilitative needs		
Is capable of obtaining relevant information from informal interviews		
Knows how to correlate patient care plans with required rehabilitative staff involvement		

COMMENTS

G. PHARMACEUTICAL SERVICES

1. POLICIES AND PERSONNEL

The pharmacy, drug room, or pharmaceutical services are administered in accordance with accepted professional principles. Trained in the specialized functions of institutional pharmacy, the pharmacist is responsible to the administration for developing, supervising, and coordinating all the activities of the pharmacy department/services. A consultant pharmacist is employed to draw up the correct procedures, rules and regulations for dispensing of drugs, and visits the facility on a regularly scheduled basis in facilities that do not have a full-time pharmacist.

The pharmacist (whether full-time or consultant) is responsible for developing, coordinating, and directing all pharmaceutical services. If he is not employed on a full-time basis, the pharmacist devotes a sufficient number of hours--based upon the needs of the facility--during regularly scheduled visits to carry out these responsibilities.

The pharmacist in a skilled nursing facility is required to review the drug regimen of each patient at least monthly and to report any irregularities to the medical director and administrator. While the regulations do not have a specific drug regimen review standard for the other providers, the pharmacist should be conducting reviews as part of his overall supervision of the service.

Only the pharmacist or authorized pharmacy personnel under his/her supervision compound or dispense drugs and biologicals, prepare labels, and make labeling changes. When the pharmacist is not available, only a designated licensed nurse may withdraw drugs from the drug room or emergency supply--and then only in a single dose--for immediate therapeutic needs. Records of such withdrawals must be maintained.

Medications administered to a patient/resident are ordered either in writing or orally by the patient's/resident's attending physician or by the staff physician. Physician's oral orders for prescription drugs are given only to a licensed nurse, pharmacist or physician. All oral orders for medication are recorded and signed by the person receiving them and are countersigned by the attending physician.

In accordance with written policies, medications not specifically limited as to time or number of doses when ordered are controlled by automatic stop orders or other methods; the attending physician is then notified.

Objective - Upon completion of this study unit, the health facility surveyor will be better able to:

- Discuss the objective of pharmaceutical services
- Distinguish between capacity for and performance of pharmaceutical services at the health care facility at the time of the survey

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; (2) learning activities; and (3) reviewing slides and cassette tape on pharmacy.

a. Supervision - WHEN MAKING A SURVEY, DETERMINE WHETHER THE PHARMACEUTICAL SERVICES ARE UNDER THE GENERAL SUPERVISION OF A QUALIFIED PHARMACIST UNDER A PLAN WHEREIN YOU:

- Review the personnel file to learn whether the pharmacist has had training and/or experience in providing pharmacy services in health care institutions
- Review the written reports of drug regimen reviews, quarterly reports on the status of pharmaceutical services, minutes of the pharmaceutical services committee, and written contract with the pharmacist (in the absence of a full-time pharmacist), in order to evaluate the overall supervision provided by the pharmacist

- Determine from the contract agreement, pharmacists' schedules, and time cards the amount of time the pharmacist spends in the facility reviewing policies for pharmacy and nursing services

- Crosscheck information gathered from:

  - Written records of drug regimen reviews
  - Quarterly evaluation of pharmaceutical services
  - Minutes of the pharmaceutical services committee (to determine the status of pharmaceutical services, i.e., problems encountered and actions taken by the pharmacist)

- Conduct brief information interviews with the nursing staff to determine the effectiveness of pharmaceutical services

- Inspect patients'/residents' charts as well as drug distribution and storage facilities for evidence that the pharmacist is providing adequate supervision regarding the use, storage, distribution, and administration of drugs (such that correct drugs are available for administration when required)

Sources of Information

- Written Reports of drug regimen reviews
- Quarterly reports on status of pharmaceutical services
- Minutes of pharmaceutical services committee
- Written contract with pharmacist
- Pharmacist's personnel file
- Nursing staff interviews
- Patients' charts

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1027(a)(c)
- 20 CFR 405.1127(a)
- 442.333
- 442.482

Discuss reading assignments with the preceptor.

Additional References

- State pharmacy laws and regulations
- State health department laws and regulations

List two procedures that can be used to determine whether the pharmaceutical services are under the general supervision of a qualified pharmacist.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

b. Policies - WHEN MAKING A SURVEY, DETERMINE WHETHER POLICIES ARE ESTABLISHED TO CONTROL THE ADMINISTRATION OF TOXIC OR DANGEROUS DRUGS UNDER A PLAN WHEREIN YOU:

- Check the facility's policy manual to determine if there exists:
    - An automatic stop order policy
    - Policies for distribution and storage of controlled drugs, as defined by the Comprehensive Drug Abuse Prevention and Control Act of 1970
- Check patient/resident records for instances where drugs subject to the above policies have been administered and determine if the drugs were administered in accordance with the policies
- Determine if written procedures for distribution and storage of drugs reflect policies established to control the administration of toxic or dangerous drugs
- Check storage facilities for controlled drugs to ensure that they are properly secured
- Conduct a spot check to ensure that drugs on perpetual inventory control are properly accounted for.

Sources of Information

- Policy manual
- Pharmaceutical procedures manual
- Inventory records for controlled drugs
- Patient/resident records--drug administration records and physician orders

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines*
- 20 CFR 405.1027(d)(2)(e)(f)(3)(iii)
- 20 CFR 405.1127(b)(d)
- 442.485

Discuss reading assignments with the preceptor.

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*Although there is no applicable CFR for ICFs, the critical nature of the task suggests that it also be covered in ICFs.

List a method used to determine whether policies are established to control the administration of toxic or dangerous drugs.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

c. Medication Conformance with Drug Orders - WHEN MAKING A SURVEY, DETERMINE WHETHER MEDICATIONS ADMINISTERED ARE IN CONFORMANCE WITH PHYSICIAN'S DRUG ORDERS UNDER A PLAN WHEREIN YOU:

- Obtain records of patients/residents with new or changed drug orders within the past month and check whether orders were written or verbal

- Determine from patients'/residents' records whether verbal medication orders are:
    - Received and signed only by qualified personnel
    - Countersigned by the attending physician

- Check information on the:
    - Physician's orders
    - Medication record
    - Medicine cards
    - Drug containers (to ensure accuracy in transcription and labeling)

- Confirm the accuracy of the administration of medications by comparing the above information with:
    - The medications prepared for administration
    - The recorded times and doses of administration

Sources of Information

- Physician order sheets
- Medication records
- Medicine cards
- Drug container labels

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1024(g)(6)*
- 20 CFR 405.1224(h)
- 20 CFR 405.1223(c)
- 442.332
- 442.483

Discuss reading assignments with the preceptor.

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*The code numbers were taken from the Code of Federal Regulations, 42, Public Health Service, 1978. U.S. Government Printing Office, Washington. Code numbers cited in form SSA 1537 do not coincide with these numbers.

List two methods that can be used to determine whether medications administered are in conformance with physicians' drug orders.

List two sources of information to substantiate the above.

Give data tag number of Federal survey report forms to which this activity would relate to and show the differences between each type of provider.

Discuss with the preceptor.

d. Administration of Drugs/Biologicals - WHEN MAKING A SURVEY, DETERMINE WHETHER DRUGS AND BIOLOGICALS ARE ADMINISTERED APPROPRIATELY AND ONLY BY QUALIFIED PERSONNEL UNDER A PLAN WHEREIN YOU:

- Review nurses' notes, medication records, and personnel schedules for two to three weeks prior to the survey to determine which personnel are administering medications

- Check with the Director of Nurses and/or the personnel files to determine if personnel administering medications are registered nurses or licensed practical nurses, or if they have completed a state-approved training program in medication administration

- Crosscheck information gathered from the:
    - Director of Nurses
    - Personnel files
    - Facility's written procedures for medication administration
    - Personnel responsible for drug preparation administration

  (To determine if the medications are being administered: (1) in accordance with the facility's written procedures for medication administration; and (2) in accordance with professional standards for medication administration that relate to various drug distribution and administration systems)

- Observe the preparation and administration of medications to determine if the staff follows procedures which ensure that the correct drugs are received by the right patient/resident at the proper time

Sources of Information

- Personnel files for those staff administering medication
- Facility's written medication administration procedures
- Patient/resident records, including (1) physician's order sheet, (2) medication record, and (3) medicine cards
- Interview with director of nursing services
- Observation of staff preparing and administering medication to patients

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1024(g)(5)(7)*
- 20 CFR 405.1124(g)
- 442.337
- 442.483
- 442.484

Discuss reading assignments with the preceptor.

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*The code numbers were taken from the Code of Federal Regulations, 42, Public Health Service, 1978. U.S. Government Printing Office, Washington. Code numbers cited in form SSA 1537 do not coincide with these numbers.

List a method that can be used to determine whether drugs and biologicals are administered appropriately and only by qualified personnel.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

2. ADMINISTRATION

a. Automatic Stop Orders - WHEN MAKING A SURVEY, DETERMINE WHETHER AUTOMATIC STOP ORDERS ARE EFFECTIVELY IMPLEMENTED ON MEDICATIONS NOT SPECIFICALLY LIMITED AS TO TIME OR NUMBER OF DOSES WHEN ORDERED UNDER A PLAN WHEREIN YOU:

- Review policy manual to determine whether the facility had written policies regarding automatic stop orders

- Compare the facility's policies and procedures with the medication records to determine which drugs that were recently administered fall into the automatic stop order category

- Check information in patient/resident records (nursing notes, physician's orders, and medication records) to determine, for those drugs which are limited by stop order, whether the physician was notified and the order renewed or if the drug was discontinued

Sources of Information

- Policy manual
- Procedures manual
- Patient/resident records, including (1) nursing notes, (2) physician's order sheet, (3) medication records
- Interviews of relevant nursing staff

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1124(h)
- 442.335
- 442.484

Discuss reading assignments with the preceptor.

List a method that can be used to determine whether automatic stop orders are effectively implemented on medications not specifically limited as to time or number of doses when ordered.

List two sources of information to substantiate the above.

Give data tag number of Federal survey report forms to which activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

b. Labeling - WHEN MAKING A SURVEY, DETERMINE WHETHER DRUGS AND BIOLOGICALS ARE ADEQUATELY AND APPROPRIATELY LABELED UNDER A PLAN WHEREIN YOU:

- Inspect the drug stock, including (1) floor stock, (2) individual prescriptions, (3) medication cards, and (4) emergency kits, to determine if labeling is in accordance with currently accepted professional principles and meets State laws and regulations

- Check information on labels of drug containers to determine if they are legible and contain at least the following: (1) name of patient/resident, (2) name of physician, (3) name of drug, (4) strength of drug, (5) expiration date of drug, (6) directions to administer drug, (7) number of units dispensed, and (8) date refilled or dispensed

- Interview medication nurse and/or other nursing staff responsible for dispensing drugs to determine if:

  - They have difficulty in reading or following instructions in drug labels
  - Mix-ups in drug distribution occur as a result of mislabeling

Sources of Information

- Drug containers in areas where drugs are stored, distributed and administered
- Interviews with nursing staff

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines*
- 20 CFR 405.1027(d)(e)
- 20 CFR 405.1127(c)
- 442.483

Discuss reading assignments with the preceptor.

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*There is no applicable CFR for ICFs, but the critical nature of the task suggests that it also be covered in ICFs.

List two methods that can be used to determine whether drugs and biologicals are adequately and appropriately labeled.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

c. Availability of Drug Facilities - WHEN MAKING A SURVEY, DETERMINE WHETHER FACILITIES ARE ADEQUATELY PROVIDED FOR THE PREPARATION, STORAGE, SAFEGUARDING AND DISPENSING OF DRUGS UNDER A PLAN WHEREIN YOU:

- Inspect all areas where drugs are stored, dispensed, and prepared for administration to determine whether:
    - Drugs are stored with adequate security and at proper temperatures and humidity
    - Adequate equipment is available for dispensing and administering drugs
    - Drug storage and preparation areas are adequate in size, conveniently located, well lighted, and ventilated
    - Physical facilities for the storage, dispensing, and administration of drugs meet State requirements

Sources of Information

- Inspection of areas where drugs are stored, prepared, and administered

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines*
- 20 CFR 405.1027(b)(d)
- 20 CFR 405.1124(i)
- 20 CFR 405.1134(d)
- 442.485

Discuss reading assignments with the preceptor.

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*There is no CFR standard directly applicable to ICFs, but it is implied in 442.333. (See Interpretive Guidelines for ICF.)

List one method to determine whether facilities are adequately provided for the preparation, storage, safeguarding, and dispensing of drugs.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

d. Unused Drugs/Biologicals - WHEN MAKING A SURVEY, DETERMINE WHETHER THE STORAGE AND DISPOSAL OF UNUSED DRUGS AND BIOLOGICALS ARE PROPERLY ACCOMPLISHED UNDER A PLAN WHEREIN YOU:

- Review facility policies and procedures to determine whether they are in accordance with State laws and Federal regulations, including the maintenance of adequate records.
- Obtain records of patients/residents with discontinued drug orders (or records of those who were discharged or deceased: (1) within the past week in hospitals; or (2) within the past month in SNF, ICF, or IMR), and determine how unused drugs were handled through:
  - Interview with nursing staff
  - Inspection of drug storage areas
  - Review of records

Sources of Information

- Facility's written policies and procedures
- Records of receipt and disposal of outdated, discontinued and unused drugs
- Examination of areas where drugs are stored, distributed and administered
- Brief interviews with nursing staff

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines*
- 442.484

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*Although there is no specific CFR standard for hospitals, SNF, and ICF for this task, it is probably implied in State laws and in 20 CFR 405.1124(i) and 442.333. (See Interpretive Guidelines for SNF and ICF.)

Discuss reading assignments with the preceptor.

Review slides and listen to cassette tape on "Pharmaceutical Services". List three items included on the slides that would be useful to know when making a survey.

Review slides and listen to cassette tape on "Drug Distribution."

Discuss observations with the preceptor.

Figure 2-11. Evaluation Guide: Pharmaceutical Services

	Satisfactory	Needs Improvement
Describes pertinent Code of Federal Regulations		
Describes pertinent State laws and regulations		
Describes State laws regarding control and accountability re: toxic or dangerous drugs		
Describes State laws governing qualifications of personnel permitted to administer medications		
Describes State laws and regulations for drug labeling		
Describes State laws and regulations for physical facilities for drug storage and preparation areas		
Describes State laws regarding the disposal of unused drugs and biologicals		
Describes systems used to record the receipt and distribution of controlled drugs		
Describes appropriate drug labeling		
Describes medication errors		
Describes accepted professional principles for drug labeling		
Describes equipment required for the dispensing and administering of drugs		

Figure 2-11. Evaluation Guide: Pharmaceutical Services (Continued)

	Satisfactory	Needs Improvement
Describes or determines from reference books the storage requirements for various drugs		
Describes various drug distribution and administration systems and the physical plant and storage requirements for each system		
Describes the recordkeeping systems frequently used by facilities to record the receipt and disposal of drugs		
Understands procedures for administering medications in various drug distribution and medication administration systems		
Recognizes training programs in institutional pharmacy services		
Identifies inadequacies in the use, storage, distribution, and administration of drugs		
Identifies irregularities reported by the pharmacist and evaluates if they have been corrected		
Seeks documentation that the pharmacist has: • Performed drug regimen reviews for each patient • Participated in the meetings of the pharmaceutical services committee • Participated in the development of policies for drug use, distribution, administration, and control • Completed a quarterly written report on the status on pharmaceutical services in the facility		

Figure 2-11. Evaluation Guide: Pharmaceutical Services (Continued)

	Satisfactory	Needs Improvement
Locates pertinent drug information in patient/resident records		
Determines from personal knowledge, or from reference books, those drugs that require labeling with accessory and cautionary instructions and/or expiration dates		
Evaluates the overall adequacy of facilities that are utilized for drug storage, distribution, and administration		
Evaluates the adequacy of various methods and devices used to provide security and accountability for drugs, such as controlled drug storage cabinets, tamper-proof seals, etc.		
Conducts spot-check inventories		
Obtains relevant information through informal interviews		
Reads and interprets physicians' orders for drugs		

COMMENTS

H. LABORATORY SERVICES

Laboratories constitute an important influence on the effectiveness of physician services because they assist physicians in diagnosing, treating, and/or controlling diseases.

The laboratory director and technologists are important elements in the functioning of the laboratory. The director should be a qualified physician, preferably a diplomate of the American Board of Pathology, and he/she should be a regular member of the hospital's active medical staff. The laboratory technologists should be qualified in accordance with specifications contained in Federal regulations. They have the responsibility to:

- Perform examinations in the fields of urinalysis, hematology, biochemistry, histology, serology, parasitology, and bacteriology
- Prepare laboratory reports and maintain monthly and yearly records
- Maintain the inventory and order supplies
- Check equipment for accuracy
- Supervise other workers

Other laboratory staffing patterns depend on the work load and types of patients/residents, although someone must be on duty around the clock.

The average number of laboratory examinations has increased tremendously in the past decade.

Typically, (1) chemistry tests are most frequently performed, followed by tests related to (2) hematology, (3) serology, and (4) urinalysis.

Routine tests are required for all patients (e.g.; urinalysis, blood count, and test for syphilis).

There should be policies concerning:

- Examinations in which nurses or doctors obtain specimens
- Examinations in which laboratory personnel obtain specimens
- Establishment of time schedules for accepting certain types of specimens
- Priority of emergency requests
- Use of proper containers in sending specimens to the laboratory
- Other policies

As is true with other services in a health care facility, the proper use and completion of forms and records in laboratories is essential. Forms, which should be color-coded, are to be uniform in size and contain only essential information. Filled out upon the written order of the physician, these forms will be kept with the sample at all times. In addition to the proper utilization of forms, daily laboratory records should be kept of all examinations performed and reports of these examinations are to be provided to authorized medical personnel.

Two basic functions of laboratory services are to help diagnose and to aid in the control and treatment of diseases. An example of the diagnostic function is the role of the laboratory in diagnosing endocrine disturbances, diabetes, syphilis, and blood diseases. It also plays a supportive role in the diagnosis of tuberculosis and cancer.

Examples that illustrate the laboratory's control and treatment function include antibiotic therapy, and therapy for pernicious anemia. Examination also might be made of the role of the laboratory in performing tests that are useful during surgery: urinalysis, blood counts, blood typing, tissue examination, etc.

The physical facilities of laboratories are usually located where they are accessible to the outpatients, medical staff, and inpatients. In large hospitals, small laboratories for routine tests are sometimes situated in nursing units.

The amount of space required for laboratories depends on the size and type of facility. If the space is determined to be inadequate, the documentation must indicate how the current space endangers the patients/ residents or personnel performing tasks--or how it compromises timeliness and accuracy of test results. The following are recommended:

- Hematology -- Minimum of one module (an area measuring 10 feet by 20 feet)
- Urinalysis -- Minimum of one-half module
- Biochemistry -- Area equivalent to one and one-half modules, with provisions for adequate storage of reagents
- Histology -- Minimum of one module of space needed
- Serology-bacteriology -- Minimum of one module needed

The service areas may include:

- Venipuncture cubicle
- Specimen toilet
- Basal metabolism-electrocardiography room
- Waiting room
- Pathologist's office
- Other

The service area may also include:

- Glass washing and sterilizing unit
- Storage area
- Employee locker
- Toilet room

Factors that can influence laboratory effectiveness include:

- Modern equipment
- Satisfactory lighting for adequacy and precision
- Proper water, sewage, and electrical facilities
- Temperature of controlled space and equipment

Objective - Upon completion of this study unit, the health facility surveyor will be better able to evaluate the capacity and performance of a provider/supplier in the delivery of laboratory services.

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; and (2) learning activities.

WHEN SURVEYING A LABORATORY, DETERMINE WHETHER ADEQUATE SERVICES ARE AVAILABLE AND PROPERLY FUNCTIONING BY A PLAN WHEREIN YOU:

- Check to be certain that the laboratory staff is capable of performing procedures pertinent to the needs of the patient and the medical staff

- Determine that housekeeping and hospital infection are monitored by environmental cultures

- Verify that the pathologist renders assistance in the development and monitoring procedures, instrumentation, and quality control, and then submits a written report of his/her activities to the administrator

- Check the refrigerators used for blood storage to ensure that a temperature of 2-6° C is maintained and verified by a recording thermometer and an alarm system

- Review original copies of the laboratory reports filed in the patients' medical records and check for duplicate copies filed in the laboratory.

The following definitions will apply for this unit::

- Blood Bank - An establishment which engages in the collection, processing, storage, compatibility, testing, or distribution of blood or blood components

- Histology - Anatomical study of tissues

- Urinalysis - Study of constituents of urine

- Serology - Study of antigen-antibody reactions in laboratory sample of blood

- Bacteriology - Study of bacteria capable of causing diseases

- Hemotology - Study of blood cells in relation to disease

- Clinical Chemistry - Analysis of blood constituents through chemical determinations

Sources of Information

- Policy and procedure manual
- Patients/residents records
- Personnel records/qualifications/contracts
- Laboratory files
- Equipment maintenance records

Reading Assignments

- 20 CFR 405.1128(a)(b)
- 20 CFR 405.1028
- 20 CFR 405.1310 through 405.1317

Discuss reading assignments with the Preceptor

List two methods that can be used to determine whether a laboratory is providing services and is properly functioning.

List two sources of information to substantiate the above.

Describe the responsibilities of the laboratory technician and/or the laboratory director.

Delineate the differences in laboratory services for each type of provider/supplier.

Discuss this assignment with the preceptor.

NOTE: To Complete the Study of This Unit, Read and Study Part III.

Figure 2-12. Evaluation Guide: Laboratory Services

	Satisfactory	Need Improvement
Describes the pertinent code of Federal regulations related to laboratory		
Describes good laboratory policies and procedures		
Describes good laboratory equipment		
Describes an adequate staffing pattern for a laboratory		
Is capable of obtaining relevant information from informal interviews		
Knows how to evaluate the accuracy of laboratory procedures		

COMMENTS

I. RADIOLOGY AND RADIOTHERAPY SERVICES

Like the laboratory, the radiology department plays an important role in determining the quality of the diagnostic and therapuetic activities of a health care facility.

One function of the radiology department is to assist in making diagnoses and giving therapy through the use of radiography, fluoroscopy, radioisotopes, and high voltage acceleration. A second function is to participate in educational programs for interns, residents, radiologic technologists, and others.

The use of x-rays as diagnostic and therapeutic tools is increasing rapidly.

The department should be under the direction of a competent radiologist who:

- Graduated from a recognized school of medicine
- Is licensed to practice in the State
- Has been appointed as a regular member of the hospital medical staff
- Is trained in his specialty and is preferably a diplomate of the American Board of Radiology

The radiologist is head of a major clinical department. He/she is responsible to the chief-of-staff for clinical activities and to the administration for administrative matters. His/her basic relationships are with the medical staff, the patient care units, and the outpatient department. Small hospitals that do not have a full-time radiologist should appoint a qualified radiologist who will visit the hospital at least once a week.

The technologists in the radiology department, who should be specially trained in x-ray work, are responsible to the director. They should be eligible for membership in the American Society of Radiology Technologists.

Radiology policies should provide guidelines in the following areas:

- Availability of services--Radiologists should be available to patients on a certain time basis (hourly, daily, other).

- Radiologist's hours--They are to be in the department during specified hours in order to facilitate examination, interpretations, treatments, and other business.

- Responsibility--The radiologist is to be considered responsible for all examinations and treatments.

- Relationship with medical staff--The radiologist should consult with and be a member of the medical staff and should sign all reports.

- Technicians--There is to be one registered technician available at all times.

- X-ray films--They should be:
    - Legibly marked by the appropriate method
    - Made available to the referring physician
    - Made the property of the hospital
    - Made part of the patient's medical record
    - Preserved for the required time period

- Handling techniques--Policies should provide for proper aseptic techniques in handling patients and disposing of contaminated material.

- Safety--There are correct procedures for using all equipment safely and for handling radioactive isotopes.

- Operating room requirements--X-ray equipment used in the operating room should comply with all requirements of the National Fire Protection Association.

- Physical examinations--There should be pre-employment and annual physical examinations of all department personnel exposed to radiation.

- Compliance with standards--The use of radioisotopes should comply with the standards and regulations of the National Radiation Council and/or other agencies.

- Other policies

The degree of demand for the use of x-ray facilities will determine the size of the staff and the department's location, equipment, and space requirements. The radiology facilities should be located in the hospital, preferably on the first floor, or in an adjacent building. The radiology department should be able to schedule prompt service when needed.

It is desirable for the radiologist to be involved in planning or remodeling a hospital because of the specialized facilities, services, and equipment required in his/her department.

The radiology department should (when possible) make allowances for future expansion, particularly because of the increased use of x-rays and radioisotopes in medical care and treatment.

Construction features of the radiology department are as follows:

- Outside walls should be used to reduce the expense of shielding.

- The area required for the radiology department varies. Small hospitals may be able to operate within 400 square feet. Larger hospitals need a much more extensive area, because of the greater number and types of examinations and their frequent use of radioactive materials.

- There should be sufficient space for filing film.

- Adequate dressing booths are needed.

- Doorways are to be wide enough to admit patients in wheelchairs or on stretchers.

- There should be lightproof shades for fluoroscopy work.

- Particular attention is to be focused on the darkroom and film-transfer cabinets, in order to prevent spoilage of film and to provide proper humidity control.

- Wiring needs to conform to local codes and to the regulations of the National Board of Fire Underwriters and/or other agencies.

- Other requirements will be noted as they apply to the particular installation.

Specific aspects concerning radiology and radiotherapy that should be noted are shown below.

- Radiology provides diagnostic and treatment or radiotherapy services and nuclear medicine and radioisotopes.

- In view of the fact that the radiation physicists from the appropriate environmental control or the licensing agency are generally responsible for monitoring radiation safety, the surveyor should review the reports or certification of this other agency.

- All interpretations in the radiology service must be signed by the radiologists; the original must be filed in the patient's clinical record; the copy will be filed appropriately in the department.

- Laboratory and radiology services are usually provided through agreement in skilled nursing and intermediate care facilities.

NOTE: To complete the study of this unit, read and study Part III.

WHEN SURVEYING THE RADIOLOGICAL SERVICES, DETERMINE THAT THE SERVICES ARE PROVIDED BY QUALIFIED PERSONNEL IN A SAFE, EFFECTIVE METHOD FOLLOWING A PLAN WHEREIN YOU:

- Review the policies and procedures to assure the necessary areas are covered

- Check the qualifications and current licensure (where applicable) of the personnel

- Assure that personnel wear monitoring mechanism when taking x-rays or participating in x-ray therapies

- Verify that walls, etc., are lead lined, aprons and gloves are available, and they are used

- Determine that equipment is calibrated as required by manufacture and/or regulations

- Review medical records to ascertain that physicians' orders for x-rays are carried out in a timely manner by comparing the date of order with the date on report of results.

Sources of Information

- Policy and procedure manual
- Personnel records/qualifications/contracts/ licenses
- Equipment maintenance Records
- Medical records
- Interview with personnel

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1029
- 20 CFR 405.1128

Discuss reading assignment with the preceptor.

List two methods to determine whether the radiological services are provided by qualified personnel in a safe and effective manner.

List two sources of information to substantiate the above.

Delineate the differences in radiological services for each type of provider/supplier.

Review slides and listen to cassette on "Diagnostic Services."

List four observed items that are important for you to know.

Discuss this assignment with the preceptor.

Figure 2-13. Evaluation Guide: Radiology and Radiotherapy Services

	Satisfactory	Needs Improvement
Describes pertinent Code of Federal Regulations related to radiology		
Knows how to review administrative records in reference to physicians' privileges related to radiology		
Has ability to check the radiology records and identify documentation or lack of documentation of the performance of the radiology department		

COMMENTS

J. DENTAL SERVICES

The provision of dental care is a special part of health care services and comprises one of the most essential dimensions of care, both outside and within the health care facility. Dentists are used as consultants by hospitals, skilled nursing facilities, and intermediate care facilities.

The advisory dentist should provide consultation and make recommendations regarding dental care for the facility. Oral hygiene policies and practices for the care of patients/residents, including frequency of oral survey by a dentist should be recommended by the advisory or consulting dentist. The advisory dentist must also conduct a continuing in-service dental health education program and should recommend oral hygiene practices for the care of patients/residents.

Medicare will reimburse the advisory dentist for his/her consultant functions and will also pay for certain limited oral surgical procedures under supplemental insurance. It does not pay for regular dental care such as the treatment, fillings, and removal or replacement of teeth or structures supporting the teeth. Although the dentist must be paid for these on a fee-for-service or other acceptable basis, funds for the dental care of indigent patients may be obtained through welfare, Medicaid, or voluntary agencies.

In institutions for the mentally retarded, dentists have responsibility for evaluation, diagnosis, treatment, and care of emergencies. The dental service is administered by, or under the supervision of, a dentist licensed in the State to practice dentistry or dental surgery.

In the long-term care facility, arrangements should be made for the services of a consulting dentist who is to set standards for providing a sound oral hygiene program for the patients/residents and for conducting an in-service training program for the staff. Each patient/resident should name a local dentist for his/her oral care, who will be given written orders for the dental care plans follow-up care for that person. The consulting dentist should be available to meet emergency dental service needs.

The nursing care policies and procedures should call for the nursing staff to assist patients/residents in cleaning their teeth and dentures on a daily basis. Proper oral hygiene is one of the indications of good patient care.

Objective - As a result of this unit, the health facility surveyor will be better able to evaluate a provider/supplier capacity and performance in providing dental care.

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; and (2) learning activities.

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1129
- 20 CFR 405.1031
- 442.317
- 442.410

Discuss reading assignments with the preceptor.

Delineate the differences for each type of provider/supplier.

Discuss with the preceptor.

K. SOCIAL SERVICES

Throughout most of this program, we have been discussing the physical aspects of patient/resident care. This unit will, however, deal with some of the psychological problems that can result from illness, since every human being must maintain a certain level of emotional stability in order to function at his/her best or even to function at all. Certain social needs must be filled to maintain emotional stability, and each person must feel comfortable with himself/herself and his/her environment. When accident or illness occurs, a person's basic equilibrium can be disrupted. If fundamental human needs are not met at critical times of personal crisis, or if human needs are frustrated over long periods of time, real harm can occur to physical, psychological, and social functioning. Illness can create a threat to a person's needs for intimacy, privacy, independence, productivity, and self-esteem. Consequently, illness is a threat not only to physical life, but to psycho-social life as well. This is why social services are an important part of every health care facility. These services are designed to help both the patient/resident and his/her family adjust to the disruption in functioning which is often caused by illness. Creating an understanding of the person in his/her particular situation is the specific task of social services.

Hospital Facility - Obviously, the care given in a long-term facility will differ greatly from attention displayed in a hospital, since the time available to work with a patient/resident is limited in the latter. Social service care offered in a hospital (while not a specific requirement) is characterized by a diagnostic evaluation of patient requirement and facility needs and the establishment of specific short-term and long-range objectives as needed. The care plan should include provisions for short-term services to prevent possible breakdown and to support the immediate needs of both the patient/resident and the facility. These needs may be in the form of concrete problem-solving, such as help with finances or transportation. On the other hand, they may take the form of individual and family counseling to impart the emotional strength required both for facing problems and for participating in their solution. The staff should also develop a long-range plan so that the patient/resident and family can continue to receive needed help following discharge through the use of appropriate resources either within or outside the facility.

Long-term Care Facility - Social services in skilled nursing homes and other long-term facilities are extremely important to the patient's/resident's well-being because the entire population of these facilities is considered a high-risk group. In long-term care facilities, massive personal losses are combined with a major decrease in autonomy and self-direction. Unfortunately, the facilities, themselves, unintentionally contribute to these losses through severance of the individual from his/her home, possessions, and familiar surrounding. The patient/resident is suddenly placed in a medically oriented, antiseptic world which he/she perceives as clinical and impersonal. Consequently, individual-focused services are not sufficient to compensate for the staggering losses and trauma to which this population is subjected. It follows that the entire facility and all of its services must be focused on restoring social functioning and reinstituting the normal processes and accountrements of everyday living. Continuing on this basic premise, the entire facility should be regarded as a social service system within which the individual's medical, social, and emotional needs are met.

The requirements for social services vary according to the kind of facility you will be surveying. Still, all facilities are required to have either a qualified social worker on staff or access to a qualified social services consultant. You should bear in mind that the requirements for social services will differ mainly because of the needs of the patient population and as a result of the characteristics of the facility. Although the specific standards for social services will vary, their intent should be to ensure that social and emotional needs are identified and met in the treatment of each patient. You are advised to look closely at a facility's capacity to provide these needed services and to exercise considerable judgment during the survey process as to how well this is being accomplished.

A facility's capacity to provide adequate social services can be judged by examining staff resumes, staffing patterns, written policies and procedures, and referral arrangements with outside resources.

To evaluate the performance of a facility, you will examine the patient's/resident's plan of care, which should include specific objectives, procedures for accomplishing the objectives, and regular progress reports to measure the results of the treatment. It should also establish specific staff responsibilities for implementing each element of the plan. Ideally, it will include interdisciplinary plans and reports on both medical and social needs and progress. Moreover, the plans should be written for the patient's/resident's medical and social history at the time he/she was admitted to the hospital. An estimated length of stay and provisions for transfer or discharge should also be included.

Responsibility for discharge planning is usually focused in the social services department or in the nursing services department, depending on the particular facility. Its quality and appropriateness will depend on the planning which has occurred previously and on the staff's knowledge of the patient's/resident's specific needs as a person. The importance of collaboration between the physician and all members of the health care team involved in the treatment cannot be overemphasized in regard to discharge planning. During the survey process, you should examine the policy statement on discharge to insure that staff relationships and responsibilities are clearly defined and to insure that procedures are adequate to guarantee that patients'/residents' needs are being met.

Objective - Upon completion of this study unit, the surveyor will be better able to:

- Evaluate the adequacy of social services and discharge planning in a health care facility

- Recognize possible or traditional problem areas

- Distinguish between the provider's capacity and performance for social services and for discharge planning

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; and (2) learning activities.

WHEN MAKING A SURVEY, DETERMINE WHETHER A PLAN FOR SOCIAL SERVICES IS RECORDED IN THE PATIENT'S/RESIDENT'S RECORD AND WHETHER IT IS EVALUATED PERIODICALLY IN CONJUNCTION WITH THE PATIENT'S/RESIDENT' TOTAL PLAN OF CARE. YOU SHOULD:

- Check to ensure that a social work assessment has been made by a qualified social worker, that problems have been identified (e.g., need for eyeglasses, dentures) and that solutions to deal with those problems have also been indicated

- Review medical records of patients/residents with known need for social services and verify whether:

  - A plan for social services is included in the record
  - The social plan of care is integrated into the total plan of care

- Review the social services plans of care in the medical record to verify that the plan is current and complete and that there has been evaluation at appropriate intervals

- Review the policy manual and determine if the facility has a system for ensuring confidentiality of patients'/residents' social data

Sources of Information

- Non-confidential portions of social service records
- Patient/resident care plans
- Assessments written by social workers
- Policy manual

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1034(a)(1)(c)
- 20 CFR 405.1124(d)
- 20 CFR 405.1130(a)(c)
- 442.344
- 442.494
- 442.495

Discuss reading assignments with the preceptor.

List one method that can be used to determine whether a plan for social services is recorded in the patient's/resident's record and is evaluated in conjunction with his/her total plan of care.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

Figure 2-14. Evaluation Guide: Social Services

	Satisfactory	Needs Improvement
Describes the pertinent Code of Feder Regulations		
Describes the State laws regarding a plan for social services		
Describes a plan for social services which should be a part of a patient/ resident total plan of care		
Describes the staff relationship and responsibilities for discharge planning		
Knows how to obtain relevant information through informal interviews		

COMMENTS:

L. PATIENT ACTIVITIES

The primary purpose of an activities program is the creation of opportunities and reasons for a person affected by long-term illness and/or institutionalization to exercise abilities and continue life tasks. A person who does not exercise his ability to do something may soon lose that ability, whether it be muscular, intellectual, social, or any other type.

When an identifiable activity is used by a person to help him overcome a specific problem, we usually are talking in terms of therapy of one kind or another. An activities program is, however, far more basic in nature. It helps establish a general environment in which all patients/residents are given the opportunity to exercise as many abilities as possible, be it with others, in a group, or alone. Stroke victims can become involved in a general program of activities. These conserve and strengthen the abilities which have not been affected and also encourage use of those abilities which have been impaired. Without such activities, it is doubtful that therapy for a specific disorder alone could overcome the many general problems created by the long-term illness.

Development of a stimulating environment is not a simple task. Former life styles, interests, needs, and abilities of all those who will be involved must be identified and considered. Nor is creation of a program any guarantee of success, since one of the most challenging tasks is to obtain the involvement of as many persons as possible. In simple terms, the most varied and challenging activities program in the world will not result in patient benefits, if that person has no interest in the activities provided or if he/she has no desire to participate.

Activities programming, therefore, must involve as much individual concern as it does group concern. All persons must, therefore, be given as great an opportunity as possible to participate on their terms and to be encouraged in the development of their own activities. Whether it be reading a novel or working on a facility newsletter, the participant should become involved because he/she wants to become absorbed. In this way, each individual will be afforded the opportunity to do what is of personal interest, and thus have the opportunity for meaningful achievement. No matter how small it may appear to be, achievement generates its own dignity, self-respect, independence, and the desire to achieve more.

Consequently, the activities coordinator plays a vital role in helping persons along the path toward the return to meaningful, active lives. Even if a goal of rehabilitation or independent living may not be completely attainable, the effectiveness of the activities programming can mean the difference between becoming involved in life and just existing: between dignity and apathy.

The activities plan is a part of both the overall plan of care and the physician's recommendation for care. The program should be designed to encourage restoration of self care and maintenance of normal activity as long as possible. For his/her part, the activities director should be capable of coordinating resources which are necessary to meet patient/resident needs and should possess the ability to establish good working relationships with people. Also necessary is the ability to evaluate the effectiveness of the activities program and to identify and stimulate the interests of the people involved. The facility, for its part, makes available adequate space and a variety of supplies and equipment, so as to meet the individual interests of patients/residents.

Objective - Upon completion of this study unit, the surveyor will be better able to:

- Evaluate the adequacy of patient activities in a health care facility.

- Recognize possible or traditional problem areas.

- Distinguish between the provider's capacity and performance for patient/resident activities.

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; (2) learning activities; and (3) review of slides and listening to cassette tape.

WHEN MAKING A SURVEY, DETERMINE WHETHER AN ONGOING PROGRAM OF MEANINGFUL ACTIVITIES, APPROPRIATE TO THE NEEDS AND INTERESTS OF THE PATIENTS/RESIDENTS, IS BEING PROVIDED. YOU SHOULD:

- Interview the activity director/coordinator to obtain information on activity services provided.

- Interview and observe patients/residents to determine whether activity services described by the activity director are actually provided.

- Inspect the facility to determine whether adequate facilities are provided to facilitate the provision of activity services.

- Review the posted and past schedules of activities to ascertain the services (including evenings and weekends) being provided.

- Review staffing patterns to ascertain if adequate staff are available for activity services being provided.

- Review qualifications of outside resources (volunteers, consultants) to determine capabilities for providing or directing group or individual activities.

- Compare patient/resident records with activity records to determine if patients'/residents' interests have been taken into consideration in planning activities, and have been incorporated in the total plan of care.

- Review patient/resident care plans to determine whether stated needs are included in the plan and are being met and whether the care plan is consonant with the physician's treatment plan.

- Review a sample of individual records to ascertain that the activity program has been approved by the patient's/resident's physician.

- Examine the recreation areas, equipment, and materials to determine whether they meet the identified needs of the patients/residents.

Sources of Information

- Interview with Activity Director
- Interview and observation of patients
- Inspection of facility
- Schedules and program of activities
- Medical records
- Patient care plans
- Individual resident/patient activity records

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1131
- 442.345
- 1442.491

Discuss reading assignments with the preceptor.

List two methods that can be used to determine whether an ongoing program of meaningful activities, appropriate to the needs and interest of the patients, is being provided.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

WHEN MAKING A SURVEY, DETERMINE WHEN A PLAN HAS BEEN DEVELOPED FOR INDEPENDENT AND GROUP ACTIVITIES FOR EACH PATIENT/RESIDENT IN ACCORDANCE WITH HIS/HER NEEDS AND INTERESTS. YOU SHOULD:

- Review a sample patient/resident records and determine whether:
  - The current activities plan is based on the needs and interests of the patient/resident.
  - The planned activities are appropriate to the physical, emotional, and mental condition of the patient/resident.

- Determine by observation and by interviewing patients/residents and staff whether the planned activities are being followed.

- Review the patients'/residents' care plans to ensure that the activities plan has been incorporated within the total plan of care.

Sources of Information

- Resident records including resident care plan
- Activities plans
- Observation in recreation areas or patient units

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1131(b)
- 442.345
- 442.435
- 442.491

Discuss reading assignments with the preceptor.

List one usable method to determine whether a plan has been developed for independent and group activities for each patient/resident in accordance with his needs and interests.

List one source of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Disucss with the preceptor.

Review slides and cassette tape on Patient Activities. Describe the qualifications and duties of the person in charge of this service.

Discuss the above with the preceptor.

Figure 2-15. Evaluation Guide: Patient Activities

	Satisfactory	Needs Improvement
Describes the pertinent Code of Federal Regulations relative to patient activities		
Describes the purpose of an activities program		
Describes the components of a good activities program		
Knows how to obtain relevant information regarding appropriateness of the activities program		
Knows how to evaluate results of the activities program in relation to patient/resident care plan which has been projected for the individual patient/resident		

COMMENTS:

M. MEDICAL RECORDS

This unit deals briefly with a few basic aspects of medical records that are directly concerned with physician services. These records are essential components of patient/resident care and should be complete and up to date. The preceptor may wish to describe to the surveyor some of the many ways in which the medical records can serve as a valuable source of information during the health facility survey. The overall supervisory responsibility for medical records service is assigned to a full-time employee, who should be able to consult a qualified person if he/she is not a qualified medical records practitioner.

Several aspects of medical records will be examined in subsequent paragraphs under the following headings: history and physical examination, progress notes, length of stay, consultations, physician orders, laboratory and X-ray reports, and disposition of records.

History and Physical Examination -- This includes a specific history to confirm the reason for admission and specific reference if necessary to the medical background of the patient/resident. The following are examples of the types of information commonly found in medical histories:

- Recent illnesses and prior illnesses, if related
- Exposure to contagious diseases
- Allergic reaction to medications, innoculations, etc.
- Bleeding, pain, discomfort
- Nausea, vomiting
- Previous occurrences of the pain or illness
- Previous operations
- Family history of diseases and illnesses

If necessary, there should be a complete physical examination, with particular attention focused on the specific organs or parts of the body involved in the current illness. The results of this examination should be properly recorded.

Progress Notes -- Include the physician's notes about patient/resident progress, preferably made after each visit or observation of the patient/resident. Other notations that should become part of the patient's/resident's medical record are: progress notes of nurses, progress notes by consultants, and progress notes of other services that deal with the patient/resident (such as physical therapy, occupational therapy, social services, and others).

Length of Stay -- In cases without complications, the patient's/ resident's length of stay should be consistent with standard medical practices in the United States. All extended lengths of stay should be justified by medical records and notes. To minimize problems in the length of stay, institutions should have arrangements to transfer patients/residents to other appropriate facilities as needed. Unjustified lengths of stay are referred for appropriate action to attending physicians, the Utilization Review Committee, medical staff committee, or the governing body -- depending on the situation and previous occurrence.

Consultation -- This should be used in all cases where the medical staff deems it necessary. Consultants should be available when needed and arrangements should be made for the use of alternates when necessary. All recommendations and opinions of consultants should be recorded in the patient's/resident's medical record.

Orders -- All physician orders should be included in the medical record. Notations should be made that specify when orders pertaining to medications, tests, physical therapy, occupational therapy, and other services are carried out.

Laboratory and X-ray Reports -- They should be included in the patient's/resident's medical record, along with comments or notations about the reports. Such notations should indicate whether the tests were negative, doubtful, or positive; or that additional test are required. These reports must include the initials or signature of the requesting physician. A rubber stamp signature is permissible, if there is a statement from the doctor which indicates that the stamp is in his/her possession and that it is not used by any other person.

Disposition of Records -- When a patient/resident is transferred to another facility that is better equipped to provide the type of care needed, a summary of his/her medical record should also be transmitted. This summary should include detailed recommendations concerning the treatment or care needed.

Objective - To be able to identify in the medical records the patient/resident medical evaluation, orders of treatment and medication, and reports of actions taken for each patient/resident checked at the health care facility at the time of the survey.

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; (2) learning activities; and (3) reviewing of slides and cassette tape on medical records.

EXAMINE THE CONTENTS OF MEDICAL RECORDS FOR THEIR TIMELINESS, ACCURACY, AND COMPLETENESS. YOU SHOULD:

- Obtain a random sample of medical records from nurses' station and review each for:
    - Completeness of patient/resident identification
    - Appropriate M.D. signature(s)
    - Date of completion of discharge summary in relation to date of discharge, if the record is for a discharged patient/resident
    - Medical findings and evaluation specified in the CFR for the type of facility

- Obtain a random sample of medical records from the central medical record file and review each medical record as above.

Sources of Information

- Medical records from central files
- Medical records from nurses station

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1026(e) through (i)
- 20 CFR 405.1132(c) through (g)
- 20 CFR 405.1228
- 20 CFR 405.1723(b)(c)
- 442.310
- 442.499
- 442.500
- 442.503

Discuss reading assignments with the preceptor.

List two usable methods to determine whether the content of medical records are timely, accurate, and complete.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report forms to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

Review slides and listen to cassette tape in "Medical Recores." List three items included on the slides for which it would be useful to search when making a survey.

Discuss observations with the preceptor.

Figure 2-16. Evaluation Guide: Medical Records

	Satisfactory	Needs Improvement
Describes the pertinent Code of Federal Regulations		
Describes the State laws regarding content and retention or records		
Defines medical terminology commonly used		
Describes hospital data and record systems		
Describes when extended care review is important to assure that patient/resident is receiving appropriate level of care		
Defines types and components of a medical care evaluation study		
Describes the components of discharge planning		
Describes an understanding of medical recording systems and terminology		
Is familiar with third-party payor requirements for documentation of patient/resident needs for extended length of stay		
Knows how to detect incomplete medical records		
Knows how to obtain relevant information from medical records		
Knows how to read and interpret the Utilization Review Plan		
Knows how to read committee minutes and to understand the significance of recorded events		

Figure 2-16. Evaluation Guide: Medical Records
(Continued)

	Satisfactory	Needs Improvement
Knows how to assess a medical evaluation study		
Knows how to read and interpret discharge plans		
Knows how to check information without projecting an investigative attitude		
Knows how to obtain relevant information through informal interviews		

COMMENTS:

N. TRANSFER AGREEMENTS

A transfer agreement is a formal written document which establishes a working relationship between two or more health care facilities to assure the availability of the level of care needed by a patient/resident. It defines the procedures to be followed for the orderly transfer of a patient or resident from one health care facility to another. These agreements help to minimize the duplication and fragmentation of services provided by health care facilities at every level of health care.

Every transfer agreement must contain certain information before the surveyor can consider it acceptable. It should:

- Be formal and written
- Show the responsibilities of each facility involved in the contract
- Contain the signatures of the administrators and the dates the agreement was signed
- State the period of effectiveness of the contract along with provisions for altering or terminating the agreement.
- Include reciprocal transfer agreements from each health care facility involved.
- Have a policy statement describing the kinds of services available and the type of patients/residents who will not be accepted by the health care facility
- Establish a committee of one or more persons who will implement the policy statement and conduct periodic reviews to determine if the health care facility is in compliance with the established provisions

- Contain specific procedures for the transfer of patients/residents to ensure the continuity of care

A copy of the transfer agreement should be kept in an administrator's file and be readily accessible at all times. There are several procedures which can be used to determine if the transfer agreement contains all the required information and if the quality of performance of the health care facility is in line with the provisions of the agreement. You should:

- Review the actual transfer agreement to determine if it is in compliance with requirements for licensure, accreditation, or certification; and to verify the administrators' signatures and the dates the document was signed.

- Observe the procedures used for admissions, transfer, and discharges; the kinds of care actually being provided; the methods for notification of changes in a patient's/resident's status; and the proceudres used to protect personal and property rights of the patient.

- Study medical records, meeting minutes, written health care plans, and nurses' notations on medical records. (Written evidence is important to help you determine whether the actual performance is in compliance with the procedures outlined in the transfer agreement.)

- Ensure that the medical records include information such as current medical finding, diagnosis, a summary of the course of treatment to be followed, identification information, pertinent social data, orders for diet, and rehabilitation potential.

- Satisfy yourself that the "transfer referral form" (the document which is sent with the patient when he/she is transferred) contains all of the necessary information needed to care properly for the patient. (A copy of this form should be kept by the facility which is transferring the patient/resident.)

Following investigation of the actual procedures and the recorded information, you can then estimate the effectiveness of the transfer procedures.

Objectives - To be able to determine that a health care facility has provided for the continuity of patient/resident care through arrangements with various health care facilities which provide different levels of care.

The trainee is responsible for completing the reading assignments related to this unit.

Sources of Information

- Patient/Resident care policy
- Facility's policy manual
- Transfer Agreements

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 442.316
- 20 CFR 405.1133

Discuss reading assignments with the preceptor.

O. PHYSICAL ENVIRONMENT

The physical environment in a health care facility is an important component of patient care. While not a part of patient care services directly, the environment influences the quality of care and the quality of living of patients. Essential in the environment is the capability to provide acceptable patient care and the meeting of basic physiological needs: air, water, food, shelter, comfort, privacy, and dignity. Hazards must be eliminated or minimized to the extent possible. Any health care facility should be designed, constructed, equipped and furnished so that it protects lives, ensures physical safety, and allows for proper patient care.

There are some differences in the environmental needs in hospitals and long term care facilities. Although space, equipment, and procedures are similar in many respects, the difference in the nature and extent of diagnosis and treatment provided results in some variations.

This unit concentrates on physical environment services and provides you with an introduction to this complex aspect of the survey. The unit focuses on the critical aspects of this dimension of the survey process and underscores the importance of the physical environment in the delivery of quality health care.

When making a survey, tour the building to determine suitability and compliance with all requirements. The tour may be from top to bottom or in some other fashion that ensures a systematic approach so that areas are not missed and time will not be lost in retracing steps. The physical environment is particularly interrelated with infection control and dietary services, and with most other services as well. These relationships should be considered and the physical environment must not be treated as an independent factor. While all departments and service areas should be visited, a representative sample may be selected when they are in large number--as in the case of patient rooms.

Patient rooms must be above grade and have sufficient space, a bed, adequate lighting, electrical outlets, a nurse's call system, ventilation, toilet and bathing facilities, heat to maintain a comfortable minimum temperature, and means for convenient handwashing.

Staff and support needs include separate clean and soiled utility rooms or work rooms, nursing stations, janitor closets, and provision for storage of medications and supplies. Other needs include emergency lighting and power, and a water supply which is safe, dependable, and adequate, especially in the case of hot water. Plumbing must be designed to distribute water to all desired locations safely without cross connections (which allow for contamination of the water) and to convey liquid wastes outside the buildings. Maintenance of building and equipment is necessary to ensure a continual functional state.

Fire safety is extremely important in health care facilities, since the capability of individual preservation is reduced by the limited mobility, physical, or mental status of the patients. Although the subject will not be treated in this section, it should nonetheless not be entirely ignored. Fire safety inspections may be performed by the survey agency, a different State agency, or by local authorities; their reports become a part of survey documentation. Coordination and communication between survey agency and fire safety officals can be helpful in coordinating efforts and achieving the desired level of compliance. Standards are contained in the codes of the National Fire Protection Association: NFPA Code 101 -- Life Safety Code -- is the basic document. Depending on the type and age of the facility, either the 1967 or the 1973 edition is applicable. Appendix B of the Life Safety Code contains a number of other NFPA code references that may apply: 56-A, Standards for the Use of Inhalation Anesthetics; and 56-F, Standard for Non-Flammable Medical Gas Systems. Numerous other references pertain to the electrical code, sprinkler systems, alarm systems, and other fire safety features.

Safety of patients, staff, and visitors is -- of course -- important. Injuries from slips, falls, excessively hot water, or electrical shock are potential risks which are of concern. The surveyor should be alert to these and other hazards. It should be remembered that facilities are used by patients and visitors having physical handicaps. Arrangements are necessary to allow these persons access and use of the facility. Specific requirements governing such features as toilet room dimensions, ramps, elevator controls, and drinking fountain locations are contained in the American Standards Institute Standard A117.1, "Specifications for Making Buildings and Facilities Accessible to and Usable by the Physically Handicapped."

Objective - Upon completion of this study unit, the health facility surveyor will be better able to judge the adequacy of the facility environment as a health care setting by having some knowledge of the many features required.

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; (2) learning activities; and (3) reviewing of slides and listening to cassette tapes.

WHEN MAKING A SURVEY FOR THE PHYSICAL ENVIRONMENT YOU SHOULD OBSERVE THE:

- General Features:
- The adequacy of space
    - The general layout (which should allow for efficient operation and proper patient care -- with a flow of people, materials and air in a "clean to dirty" direction)
    - Water (water supply systems generally are under the regulation of local health authorities; is there an absence of cross-connections arrangements for emergency supply
    - Adequacy of heating and ventilation systems, electrical systems

- Services and Support Areas:
  - Functional nurses stations (are they suitable in number, location, size, lighting, and drug storage facilities)
  - Janitor closets, accessible to each floor
  - Clean and soiled work rooms
  - Solid wastes (trash, refuse, infectious wastes, etc.): storage areas and procedures to control hazards of fire, infection, injury, nuisance, insects and rodents
  - Laundry: provisions for separate storage and handling of clean and soiled linens and laundry
  - Dietary facilities; main area, and facilities located outside main area: provision for receiving foods; storage (dry, refrigerated, frozen); preparation; distribution; dish and pot washing; refuse storage and disposal
  - Emergency electrical power and lighting: battery operated lighting as a minimum; emergency generator installed, maintained, and tested for meeting required minimal electrical needs
  - Plumbing cross connections: any arrangement which permits contamination of the water supply by other liquids or wastes is dangerous Check for physical separation of water supply piping and outlets from any source of contamination. Backflow prevention devices such as vacuum breakers should be installed on equipment including sterilizers, laboratory sinks, janitor sinks, or other arrangements.)

- Patient Areas:
  - Rooms: Do they meet requirement for minimum square footage per bed and number bedsper room, nurses call system, electrical outlets, lighting, and heat.)
  - Handwashing facilities: hot and cold running water, safe hot water temperature (not over 110°F)
  - Toilet and bathing facilities

  - Safety features: grab bars and hand rails where required; smooth floor; corridor and rooms free of obstacles which restrict passage or cause falls; no space heaters or electrical extension cords

- Other Areas:
  - Critical areas, isolation, surgical suite: traffic control, special ventilation needs, electrical, and fire hazards. (Medical gases may be sources of fire or explosion and require precautions in their storage and use.)
  - Lounge and day room areas
  - Recreation areas
  - Treatment facilities
  - Features for physically handicapped: (Facilities should provide for access and use by physically handicapped. Patients in wheelchairs, for example, should not be restricted in the use of a facility. The American National Standards Institute "Specifications for Making Buildings and Facilities Accessible to and Usable by he Physically Handicapped" (ANSI A117.1) contains standards required for long term care facilities and advisable for other facilities)

- Evaluation:
  - Building configuration, space, maintenance
  - Building systems: mechanical, electrical; adequacy and maintenance
  - Equipment: adequacy and maintenance
  - Hazards to patient care and safety

Source of Information

- Observation of Facility
- Staff interviews
- Maintenance records, preventive maintenance manual

Reading Assignment

- 20 CFR 405.1022
- 20 CFR 405.1025(b)
- 20 CFR 405.1027(b)
- 20 CFR 405.1028(a)(3)
- 20 CFR 405.1029(b)
- 20 CFR 405.1031(a)(12)(13)
- 20 CFR 405.1031(b)(vi)
- 20 CFR 405.1033(b)
- 20 CFR 405.1134
- 20 CFR 405.1135
- 20 CFR 249.12(a)(7)(vi)
- 20 CFR 249.12(a)(5)(6)
- 20 CFR 249.13(b)(6)
- 20 CFR 249.13(c)(4)(vii)(viii)
- 20 CFR 249.13(c)(10)(v)
- 20 CFR 249.13(f)(1)(v)
- 20 CFR 249.13(g)(3)
- 20 CFR 405.2140(a)(5)
- 20 CFR 405.2140(b)
- 20 CFR 405.2140(c)

Discuss reading assignments with the preceptor.

References:

- Accreditation Manual for ospitals, Joint Commission on the Accreditation of Hospitals, Chicago, Ilinois. 1976

- Safety Guide for Health Care Institutions, American Hospital Association/National Safety Council, Chcago, Illinois. 1972.

Describe a usable method to determine whether the facility provides a comfortable, orderly, functional and sanitary environment for patients/residents, personnel, and the public.

List a source of information to determine the above.

Give data tag number on the Federal survey report forms to which this activity would relate and show the difference between each type of provider.

Discuss with the preceptor.

Review slides and listen to cassette tapes related to "Life Safety Code." List two items included on the slides that would be useful to know when making a survey.

Discuss the above with the preceptor.

Figure 2-17. Evaluation Guide: Physical Environment

	Satisfactory	Needs Improvement
Describes pertinent Code of Federal Regulations		
Describes ANSI Standards 117.1 and applicable waiver		
Describes local, State, and Federal laws regarding fire safety		
Describes all basic components of the facility disaster plan		
Describes room arrangements appropriate to level of care needs of patients/residents, e.g., blind patients/residents, bedfast patients/residents		
Displays alertness in spotting health and safety hazard in the physical environment		
Displays alertness in spotting health and safety hazard in patients'/residents' rooms		
Distinguishes between a true health hazard and a comfort factor		
Focuses on environmental conditions that affect the comfort and privacy of patients/residents		

COMMENTS:

P. INFECTION CONTROL

All personnel are involved to a greater or lesser degree in infection control, which concerns protecting the patient from acquiring a disease while a patient. Nosocomial infection, an institutionally acquired disease, is an extra burden that no patient needs and to which none should be subjected. To make the situation more critical, the patient in a health care facility is typically more susceptible then a normal healthy person. The matter therefore needs particular attention to eliminate or minimize the risk of infection. In addition, the facility needs a conscious program to monitor and control conditions involved in prevention, reduction, and elimination of diseases caused by infectious chemical or toxic agents.

This unit concentrates on the infection control policies and provides you with an introduction to this aspect of the survey. In addition to creating an awareness of all the areas where infection control is important and should be under surveillance, the unit focuses on the critical aspects of this dimension of the survey process and underscores the importance of team work in order to control or prevent infections.

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; (2) learning activities; and (3) reviewing slides and cassette tape.

Objective - As a result of this study program, the surveyor will be able to determine if there is an effective control program.

Infection control includes the following, which are intended to prevent or to control the spread of infection and are necessary for an effective program: policies, techniques, physical arrangements and equipment, together with required staff training. The every-day activities include:

- Housekeeping: Adequate staff and equipment, good supervision, and effective training lead to conditions which are clean, safe and orderly. The results of housekeeping are apparent in close observation, since dust, stains, and obvious soil marks are evidence of a need of improvement. However, the important areas concern horizontal surfaces, bedside equipment, and air inlets, because infectious organisms may be spread from these places.

- Linen and laundry: Soiled linen and laundry must be handled carefully. Moreover, clean and soiled articles must be handled, transported and stored separately.

- Solid wastes: An organized system should exist for the collection of solid wastes at the point of origin, which should include a collection system and storage and disposal arrangements for these wastes. Articles that may be the cause of the spread of infection or injury must be handled with due care to avoid these hazards.

- Disinfectants, antiseptics, and germicides: These agents must be selected with consideration of the intended purpose and must be used in accordance with manufacturers instruction. There is no universal agent.

- Sterilization: A distinct procedure should exist and be known to staff for the reprocessing of those articles which must be sterile, unless single use articles are used exclusively. The principle of separation of clean from dirty is paramount; cleaning is a requisite first step; the efficacy of the sterilization process must be checked at least monthly by bacteriological tests. Reprocessed and single-use sterile articles must be stored properly to avoid contamination.

- Isolation: For those patients requiring isolation, facilities and procedures must exist to protect both the staff and patients including those in isolation.

- Insect and rodent control: Prevention through closing or screening openings, checking incoming food supplies, and cleanliness should be practiced, although control measures are often necessary. Insecticides and rodenticides must be selected and used appropriate to the circumstances, and should never be stored or used where food contamination may result. Ingredient, formulation, method and location of application are important.

- An infection control committee is required and should include representatives from the appropriate staff and services to establish policies and procedures for investigating, reporting, controlling and preventing infections. Monitoring of staff performance is an essential part as are written effective procedures in the use of aseptic and isolation techniques.

- Handwashing may be the single most important feature in infection control and should be a routine practice for all staff before examining or testing a patient. Such practice requires:

    - Convenient and accessible hand wash facilities, including soap and means for hand drying, and appropriate fixtures. (Other-than-hand controls should be provided at locations where risk of infection is significant.)

    - Written policy of the infection control committee

    - Staff education

    - Monitoring of staff practice and reminders of their importance.

An infection control committee composed of medical members, nursing and administrative staffs; and dietetic, housekeeping, maintenance, pharmacy, and other services should be established. This committee should be assigned responsibility to establish policies and procedures for prevention, investigation, and control of infections in the facility.

WHEN MAKING A SURVEY, THE SURVEYOR SHOULD LOOK FOR:

- Acceptable, good practices by staff
- Written procedures for aseptic and isolation techniques
- A system for reporting, evaluating, and record keeping of infections
- Monitoring and control precedures for sterilization where articles are reused, and for storage and distribution of all sterile goods and supplies
- Program of orientation of all new employees in infection control importance and ongoing in-service training
- Effective housekeeping, laundry, insect/rodent control services
- Composition of infection control committee and minutes of meetings
- Facility procedures regarding employees with communicable diseases
- Measures to control used, and indiscriminate uses, of antibiotics

- Methods for disinfecting equipment and surfaces: e.g., how are thermometers processed between use

- Traffic control in critical areas.

Sources Of Information:

- Observation
- Staff interviews
- Minutes of infection control committee meetings
- Policy and procedure manuals
- Records of infections

Reading Assignments

- 20 CFR 405.1022
- 20 CFR 405.1031 (a)(g)
- 20 CFR 405.1035
- 20 CFR 405.1034(f)
- 20 CFR 405.1135
- 20 CFR 405.1134(f)
- 20 CFR 249.12(a)(6)(v)
- 20 CFR 249.13(c)(5)(v)
- 20 CFR 405.2140(b), (c)

Discuss reading assignments with the preceptor.

Additional References:

- Infection Control in the Hospital, Third Edition. American Hospital Association, Chicago, Illinois. 1974

- Isolation Techniques for Use in Hospitals. U.S. Department of Health, Education and Welfare, Washington, D.C. 1970

Review slides and listen to cassette tape on "Infection Control." List two items included on the slides, knowledge of which would be useful when making a survey.

Discuss observations with the preceptor.

Figure 2-18. Evaluation Guide: Infection Control

	Satisfactory	Needs Improvement
Describes pertinent Code of Federal Regulations		
Describes sound housekeeping procedures		
Describes the principles of isolation and asepsis		
Describes methods for sterilization of equipment		
Describes how infections are transmitted		
Describes causes of infections		
Describes the facility's organization and procedures for reporting infectious cases		
Focuses on parts of the facility that are good indicators of poor housekeeping procedures		
Interviews staff to determine if they actually receive orientation and training in housekeeping procedures		
Evaluates adequacy of isolation procedures		
Obtains relevant information through observations		

Figure 2-18. Evaluation Guide: Infection Control (Continued)

	Satisfactory	Needs Improvement
Obtains relevant information through informal interviews		
Reads and interprets policies, procedures, and records		

COMMENTS

Q. DISASTER PREPAREDNESS

Patients/residents in health care facilities require continuity of care and protection from hazards caused by fire, natural disaster, or other disruption of services that create emergenices. The well-being of patients/residents in an emergency may depend on how adequately the facility can cope with the emergency. The facility accordingly must be prepared to safeguard patients/residents through the existence of a well-thought-out plan, which is known to staff and rehearsed periodically.

Objective - Upon completion of this unit, the surveyor will be better able to judge the facility's capacity to deal with emergencies.

The trainee is responsible for completing the following assignments related to his unit: (1) reading assignments; (2) learning activities; and (3) review of slides and listening to cassette tapes.

WHEN MAKING A SURVEY, EVALUATE WHETHER THE FACILITY HAS THE CAPABILITY TO COPE WITH EMERGENCY CONDITIONS CAUSED BY AN INTERNAL OR EXTERNAL DISASTER OR OTHER UNTOWARD DISRUPTIVE EVENTS. YOU SHOULD:

- Check for the existence of a disaster plan which includes the following:
    - Delegation of responsibility
    - Chain of authority
    - Communications arrangements
    - Arrangements to handle disruption of water, electricity, and full services
    - Arrangemnts for transportation
    - Plans for patient/resident evacuation
    - Patient/resident identification system
    - Patient/resident record availability

  - Security
  - Continuance of patient/resident care
  - Provision for medical supplies and food supplies and disposal of wastes

- Interview staff to determine their familiarity with their role in case of an emergency

- Review records to determine frequency and dates of disaster and fire drills

- Review in-service training records to determine if personnel are given proper orientation and training regarding their role in case of an emergency

- Determine from personnel or other facility records if every employee has been given the chance to participate in disaster drills

Sources of Information

- In-service Training Records
- Facility Disaster Plan
- Interview With Personnel
- Record of Disaster Drills
- Personnel Records

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1022(2)
- 20 CFR 405.1724
- 20 CFR 405.1134

- 442.313
- 442.506

Discuss reading assignments with the preceptor.

List two methods that can be used to evaluate whether the facility has the capability to cope with emergency conditions.

List one source of information to substantiate the above.

List five aspects that should be addressed by the disaster plan.

Give data tag number on the Federal survey report forms to which this activity would relate and indiciate the diffferences between each type of provider.

Discuss with the preceptor.

Review slides and cassette tape on "Life Safety and Disaster Preparedness." Describe its value to you as a surveyor.

Discuss the above with the preceptor.

Figure 2-19. Evaluation Guide: Disaster Preparedness

	Satisfactory	Needs Improvement
Describes pertinent Code of Federal Regulations related to disaster preparedness		
Describes State laws regarding disaster preparedness		
Describes a good plan for a disaster incident in a health care facility		
Knows how to obtain relevant information regarding each staff member's understanding of his/her role in the event of a disaster		
Knows what to seek among in-service training records, in order to determine if staff members have had training on disaster drills and techniques		

COMMENTS

R. UTILIZATION REVIEW

The Hospital Utilization Review Committee may include representatives from the medical staff as well as the administrator and medical records librarian. The Utilization Review Committees for skilled nursing facilities may consist of medical staff representatives (if the institution has one) and the nursing director, administrator, and medical records librarian (or whoever is responsible for records). The Utilization Review Committee of a health care facility has a number of responsibilities: Members should

- Review admitting and discharge procedures, which includes:
    - Reduction of unnecessary admissions

      Review of admission on a sample basis; indication of adequacy or duration of stay and the quality of professional services furnished
    - Review of each case of extended duration in which a beneficiary of the Medicare/Medicaid program has a hospital or skilled nursing facility stay that exceeds a specific number of days
    - Constant attempt to improve arrangement for discharging or transferring long-term cases
    - Attempt to decrease the pre-operation stay of patients
- Reduce overutilization of supportive services

- Promote prompter completion of medical charts
- Improve emergency admissions procedures
- Stimulate closer communication among the administration medical staff and other services in the facility
- Investigate, if necessary, the problems of health insurance agencies concerning payment of the funds for health care
- Provide for rapid transportation of patients/residents from one service or institution to another
- Establish standards for determining the overall effectiveness of the institution in providing quality care

The utilization review plan should set forth the following:

- Method for the review, including the identification of who will be responsible for conducting the review
- Membership on the committee including voting privileges. (Only physicians should have a vote on medical necessity.)
- System for notification of attending physician, patient/ resident, and administrator of actions of the committee.

The review will be performed and completed not later than seven days following the last day of extended duration.

In hospitals and skilled nursing facilities, these reviews are covered by Professional Standards Review Organizations (PSROs). The state agency does not have to survey for this Condition of Participation.

Objective -- Upon completion of this unit, the surveyor will be better able to evalute the adequacy of the utilization review process at the time of the survey. The trainee is responsible for the following assignments related to this unit: (1) reading assignments, and (2) learning activities.

1. EXTENDED DURATION

DETERMINE IF CASES OF EXTENDED DURATION ARE REVIEWED. YOU SHOULD:

- Read the facility's Utilization Review Plan to determine the:
  - Definition of period(s) of extended duration
  - Procedures for reviewing cases of extended duration

- Review minutes of the Utilization Review (U.R.) Committee to determine if cases of extended duration were reviewed in accordance with the above procedures

- Select a sample of medical records of patients who were in the facility for more than a month:
  - Check if the diagnosis and length of the stay classify the record as an extended duration.

  - If affirmative, determine from the medical record and the U.R. Committee records if a review of extended duration was made at appropriate intervals and if a continued stay was approved

- Determine from the minutes of the U.R. Committee, the composition of the committee and the qualifications of those who approve/disapprove extended length of stay

Sources of Information

- Facilities Utilization Review Plan
- Reports and Minutes of U.R. Committee Meetings
- Admissions/Discharge Register
- Selected Medical Records
- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1035 (e)(6)(i)(f)(j)
- 20 CFR 405.1137 (d)(e)

Discuss reading assignment with the preceptor.

List two usable procedures to determine whether cases of extended duration are reviewed.

List two sources of information that would substitute the above.

Give data tag number on Federal survey report forms to which activity would relate and show the difference between each type of provider.

Discuss with preceptor.

2. ELECTIVE AND EMERGENCY ADMISSION

WHEN MAKING A SURVEY, DETERMINE WHETHER ELECTIVE AND EMERGENCY ADMISSION AND MEDICAL CARE EVALUATION STUDIES ARE PROPERLY REVIEWED.* YOU SHOULD:

- Review the Utilization Review Plan to ascertain the following:
  - Have criteria and standards been written for reviewing elective and emergency admissions and for conducting medical care evaluation studies
  - Were such criteria and standards established by the physician members of the U.R. Committee
- Obtain a sample of Medicare/Medicaid admissions within the past month and determine if such admissions have been reviewed by a qualified member of the U.R. Committee within one working day following admission
- Read the report of the U.R Committee action on the above reviews and determine if the review and documentation of the basis for approval/disapproval are in accord with the established criteria and standards
- Interview the secretary of the U.R. Committee regarding the number and type(s) of medical care evaluation studies conducted since the last survey and obtain a copy of one of the more recent studies

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* The SNFs, medical care evaluation studies are required under 20 CFR 405.1137(c), but there are no provisions for review of the emergency and elective admissions.

- Review the medical care evaluation study for:
  - Committee time spent on the study
  - Number of committee reviewers per number of cases
  - Appropriateness of specialists on the review team
  - Disposition of cases requiring follow-up action
  - General findings of the study

- Assess the focus of the study in relation to its emphasis (medical or administrative) and determine whether:
  - Appropriate facility data have been used
  - The objectives of the study are directed to the improvement of quality of care and utilization of services in the facility
  - Results of the studies have been reported and have received attention

Sources of Information

- Facility's Utilization Review Plan
- Utilization Review Minutes and Records
- Admission Register
- Documentation of Medical Care Evaluation Studies
- Interviews of U.R. Committee Secretary

Assigned Reading

- Applicable Code of Federal Regulations
- 20 CFR 405.1035(e)(6)(i)(f)(j)
- 20 CFR 405.1137(c)

Discuss reading assignments with the preceptor.

List two usable methods to determine whether elective and emergency admissions and medical care evaluations studies are properly reviewed.

List two sources of information to substitute the above.

Give data tag number of Federal survey report forms to which this activity relates and show the differences between each type of provider.

Discuss with the preceptor.

3. DISCHARGE PLANNING

DETERMINE THAT DISCHARGE PLANNING IS BEING IMPLEMENTED IN THE FACILITY, YOU SHOULD:

- Review the facility's policy and procedures manual to determine:
  - Is discharge planning an established procedure for each admission
  - Who is in charge of coordinating the discharge plan

- Review discharge planning procedures to determine if criteria are established for identification of:
  - Medically and socially complicated cases requiring physician advisor and/or social worker intervention
  - Patients/residents who will require transfer to a lower care level service such as a home health agency to provide continuity of care at the time of discharge

- Select a sample of medical care patients admitted to the facility at least two weeks prior to the survey date and determine:
  - Has a discharge plan been prepared
  - Were appropriate professional staff members (e.g., physician, nurse, social worker, dietitian) involved in the preparation of the plan

- Review the discharge plan and check if it includes:
  - Instructions to the patient/resident and family for post-discharge care

  - Plans regarding arrangement of needed services (e.g., outpatient therapy, social service)

- Interview patient/resident being prepared for discharge and members of his/her family to determine if they understand the level of the patient's/resident's self-care in the post-discharge stage

- Review the discharge planning coordinator periodic reports of facility's discharge patterns which show percentage of patients/residents discharged within approved length-of-stay and those requiring "administration" days to complete transfer arrangments. (Document these figures.)

Sources of Information

- Facility's Policy and Procedure Manuals
- Discharge Planning Documentation
- Interview with Patient/Resident/Family

Reading Assignments

- Applicable Code of Federal Regulations and Interpretive Guidelines
- 20 CFR 405.1026(g)(9)
- 20 CFR 405.1132(e)
- 20 CFR 405.1137(h)
- 442.318
- 442.424
- 442.501

Discuss reading assignments with the preceptor.

List two methods that can be used to determine that the discharge is being implemented in the facility.

List two sources of information to substantiate the above.

Give data tag number on Federal survey form to which this activity would relate and show the difference between each type of provider.

Discuss with the preceptor.

Figure 2-20. Evaluation Guide: Utilization Review

	Satisfactory	Need Improvement
Desribes pertinent Code of Federal Regulations		
Describes when extended care review is important to ensure that the patient/resident is receiving appropriate level of care		
Describes types and components of a medical care evaluation study		
Describes hospital data and record systems		
Shows familiarity with third-party payor requirements for documentation of patient/resident needs for extended length of stay		
Has ability to detect incomplete medical records		
Displays ability to obtain relevent information from medical records		
Reads and interprets Utilization Review Plan		
Reads committee minutes and understands the significance of recorded events		
Assesses a medical evaluation study		
Checks information without projecting an investigative attitude		
Obtains relevant information through informal interviews		

Comments

S. PROFESSIONAL STANDARDS REVIEW ORGANIZATION

Both Professional Standard Review Organizations (PSROs) and State survey agencies carry out responsibilities in the same institutions, review the same patients and documents, and are concerned with quality of care matters. Although the functions of both groups are different, there are some areas of responsibility which overlap. State survey agencies and PSROs should share information and communicate regularly with regard to areas of mutual concern.

It is important to understand the purpose of the PSRO program and the functions carried out by PSROs in order to be aware of similarities in responsibilities and to be able to determine what applicable information might be shared between both groups. A summary of the PSRO program is described below.

Enabling Legislation and Purpose -- The PRSO program was enacted in 1972 as an amendment to the Social Security Act under Public Law 92-603. PSROs are established to determine for payment purposes whether services provided to Title XVIII, XIX and V patients were:

- Medically necessary
- Provided in accordance with professional standards
- Provided at the most appropriate setting

PSROs are responsible for reviewing care provided to Federal patients in hospitals and long-term care facilities. Public Law 95-142, enacted in October 1977, specifies that PSROs are responsible for reviewing care provided in skilled nursing facilities when found capable. They are also charged with the conduct of reviews in intermediate care facilities and intermediate care facilities for the mentally retarded when:

- A PSRO is requested to conduct such review by the Medicaid State agency

- The Department finds that the State agency is not performing review effectively

- The Department finds that review conducted by the State agency is inefficient in combined skilled nursing facilities and intermediate care facilities. PSROs are also required by the statute to conduct ambulatory care review when found capable.

Characteristics -- PSROs are nonprofit organizations controlled by local physicians. Hospital review costs are funded through the Medicare Trust Funds, while non-hospital review costs such as long-term care review and administrative costs are funded through direct appropriations. Although there are presently 195 PSRO areas in the United States and its territories their areas may be modified by regulations.

The PSRO program is evolutionary and has changed its emphasis and review methodologies as necessary since the inception of the program. PSROs are now concerned with demonstrating impact and improving effectiveness, whereas emphasis in earlier years was placed on program implementation. Since every PSRO is responsible for establishing a program which meets the needs of its particular local area, each develops its own level of care and quality review criteria and establishes patient length of stay norms appropriate to the assigned area. Although the Department provides guidelines to be followed in conducting review PSROs may implement alternative systems of review with Department approval. Each PSRO program is unique, but has both similarities to -- and differences from -- others in the country. All are required to prepare formal review plans for Department approval before implemention; and these plans are available in each PSRO office for public review.

Review System -- The program has two established review programs at this time: acute care review, and long-term care review. Since the latter is much more recent, alternative methodologies are still being explored. Ambulatory care review is currently being conducted on a demonstration basis, and no recommended review methodology has been established to date.

PSRO acute care review and long-term care review each consists of three components: concurrent review, medical care evaluation studies, and profile analysis. All components are interrelated and are employed to assist the PSRO in implementing its review responsibilities.

Concurrent Review -- Concurrent review is conducted to ensure that:

- Hospital and nursing home admissions are medically necessary

- Hospital and nursing home stays are appropriate (the stay is medically necessary, the care provided is of an acceptable quality, and services provided are appropriate)

In conducting review, PSROs certify the medical necessity of care provided to Title XVIII, XIX, and V patients based on PSRO-approved health care criteria. The frequency of review dates is determined by local length-of-stay norms. At the same time that utilization review takes place, PSROs review the quality of care provided.

In the area of long-term care, "concurrent quality assurance" review is emphasized as a part of concurrent review activities. This component identifies deficiencies in patient care and is aimed at eliminating such deficiencies through intervention and corrective action.

Since PSROs have already conducted review of all Federal patient admissions in the past, they have accumulated sufficient acute care review data to identify areas of practice that demonstrate consistently appropriate and medically necessary utilization of services. As a result, they now implement "focused" systems whereby certain diagnosis, physicians, and institutions no longer require 100 percent review for medical necessity or appropriateness. However, areas "focused out" in this manner must subsequently be monitored to assure continued appropriateness of utilization and quality. Although the PSROs are also beginning to modify the intensity of review efforts in the area of long-term care, this is not taking place to the degree found in acute-care review, because of the early stage of long-term care review.

Medical Care Evaluation Studies (MCEs) -- Medicare care evaluation studies are retrospective reviews of care and medical management practices. They focus on quality or utilization issues and aim to improve the quality, effectiveness, and efficiency of utilization.

A potential or actual problem is identified, prior to the conducting of a study. Explicit criteria are then developed, and a retrospective record review usually takes place. If deficiencies are identified, intervention and corrective action are taken, following which the PSRO then conducts a reassessment (usually within six months to one year) for determining the impact of the corrective action.

Profile Analysis -- Profile analysis is a retrospective review of aggregate patient care data, which is compiled to analyze patterns of health care services and lengths of stay. It is collected on a facility-wide basis as well as by practitioner and is used to:

- Identify problem areas
- Assist in "focusing" concurrent review
- Perform self-evaluation
- Compare the performance of facilities and practitioners

- Identify needed medical care evaluation studies
- Monitor the impact of PSRO review
- Compare length of stay data

Delegation -- PSROs may employ their own staff to conduct concurrent review and medical care evaluation studies in hospitals (non-delegated review and medical care evaluation studies), or they may delegate these responsibilities to capable hospitals (delegated review and medical care evaluation studies). Review may not be delegated to long-term care facilities, unless they constitute distinct parts of delegated hospitals.

Assumption of PSRO Review -- When a PSRO assumes review responsibility in a hostial, utilization review and review of physician certifications are not required. Upon assumption of review in long-term care facilities, the following Title XVIII and XIX review activities are no longer needed:

- Utilization review
- Inspections of care (medical review, independent professional review)
- Review of physician certifications
- Review of the physician's plan of care

Sanctions -- PSROs have the authority to recommend sanctions against both practitioners and facilities, when recurring problems are identified. Such sanctions can result in a fine or exclusion from the Medicare program until it is determined that the problem has been corrected. Sanctions will also affect the Medicaid program by early 1980.

Reconsiderations and Appeals -- when a patient is denied payment of health care services by a PSRO for reason of medical necessity, the patient, attending physician, and institution have the right to request a reconsideration. If dissatisfied with the reconsideration, these parties can then appeal to the Office of Hearing and Appeals. However, if a Statewide Council exists in their State, the parties may first appeal to that body and, if dissatisfied with the determination, next appeal to the Office of Hearings and Appeals.

PSRO and State Survey Agency Relationships -- Coordination between PSROs and survey agencies should result in both groups carrying out their individual responsibilities more effectively, since PSROs are in facilities regularly and can report deficiencies identified throughout the year to surveyors. However, facilities should not receive conflicting findings from PSROs and survey agencies. This problem can result when visits are not carefully scheduled and when different sets of quality-of-care criteria are applied by PSROs and survey agencies. Setting up a formal mechanism of communication and information sharing may assist to resolve these potential problems.

PSROs may share the following information with survey agencies:

- Facility profiles
- Medical care evaluation studies (onsite only), including topics, criteria, problems identified, and recommendations
- Institutional sanction reports
- PSRO length of stay norms, health care criteria, and standards
- PSRO Federal reports
- Other problems identified by the PSRO which are relevant to survey agency responsibilities

Survey agencies should provide PSROs with statements of deficiencies and other data relevant to PSRO responsibilities (i.e., lack of physician attention, or questionable care provided to an individual patient).

Reading Assignments

- Social Security Act -- Title XI -- General Provisions and Professional Standards Review, Part B, Section 1151-1173
- Code of Federal Regulations, Volume 42 -- Public Health, Subchapter D -- Professional Standards Review, Parts 460-481
- PSRO Transmittal No. 86, "PSRO/State Survey Agency Information Sharing"

Discuss reading assignments with the preceptor.

Delineate the three components of the PSRO review system. Briefly describe each.

Describe how PSROs are using profile analysis.

Discuss with the preceptor.

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICFs/MR)

I. GENERAL

A. Purpose

The purpose of this chapter is to provide the beginning surveyor with what may be his/her first introduction to the field of developmental disabilities, the provision of services to persons with developmental disabilities, and the process of surveying in intermediate care facilities for persons with mental retardation and other developmental disabilities (ICFs/MR). This chapter was written with the assumption that the beginning surveyor does not possess a core knowledge base in developmental disabilities or surveying in facilities certified as providers of services to persons with developmental disabilities. This chapter was not written with the purpose of providing detailed survey techniques or detailed explanations of all the ICF/MR regulations. It is assumed that the reader will use this chapter as a basic orienting document, after which he/she will be provided with detailed instructions about the regulations and how to survey for compliance with them in detail.

In this first section, we will provide a discussion of:
1. basic information about mental retardation and developmental disabilities; 2. the needs of persons with mental retardation;
3. historical, current, and emerging trends in service delivery; and
4. an overview of the ICF/MR regulations. In Section II., we will explain what is meant by "active treatment," and how the surveyor can assess the extent to which the facilty meets the requirement for active treatment. In Section III., we will discuss the differences in surveying large, congregate facilities and small, typically community-based facilities.

B. Introduction

In 1972, the Congress permitted States for the first time to certify facilities serving the residential and treatment needs of mentally retarded persons as intermediate care facilities. The term we use for these facilities is "intermediate care facilities for the mentally retarded," or ICFs/MR. In 1974, regulations were published to implement the ICF/MR program. The regulations consisted of two parts: a) interim standards which a facility could meet while making the necessary changes required to meet the final standards, and b) the final standards which were to be met in full by 1977. When it was found that many facilities would not be able to meet the final standards by 1977 because their physical and environmental deficiencies required extensive changes, revisions were made in the regulations which permitted facilities to extend completion of their plans of correction by 1980, and in some instances, 1982. In response to the need for regulations which were easier to understand, the Medicaid regulations were re-written, but not changed in substance. At the present time, the regulations applicable to facilities for the mentally retarded are found in 42 CFR 442, Subpart G, "Standards for Intermediate Care Facilities for the Mentally Retarded."

1. Basic Information About Mental Retardation and Developmental Disabilities

There continues to be much debate about how one determines that an individual is "mentally retarded," and in fact, what "mental retardation" is. Some definitions focus on the organic origins of the condition, while others stress the environmental or developmental characteristics of mental retardation. Within the scope of this brief background, we will not be able to solve the conflicts surrounding these definitional problems, but we can take a look at the basic underlying components of the current "official" definition of mental retardation as published by the American Association on Mental Deficiency: "Mental retardation refers to significantly subaverage intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period." Typically, "significantly subaverage intellectual functioning" means that the individual scores are at least two standard deviations below the mean on standardized tests of intelligence, which works out numerically to an I.Q. of less than 70. "Deficits in adaptive behavior" typically refers to how the individual meets the standards of his age and cultural group in personal independence and social responsibility. It is important to recognize that the only "reality" one can invest in this or any other definition of mental retardation is that it is a "societal" definition, meaning that the components of the definition have been agreed to by authorities in the field. In other words, mental retardation is what society agrees it is.

There is a great deal of controversy today about the use of intelligence tests in assessment, and the use of them as prime determinents of diagnostic labels has been contested successfully in court in recent years. The trend today is to focus on the individual's functional, developmental, and behavioral performances, with standardized tests used as supplemental material. What is most useful about using functional criteria is that they stress the performance of the individual in relationship to his interaction with the world about him, thereby capturing data about the person's developmental status within an environmental context, while at the same time reflecting possible "organic" delimiters imposed by the "condition" of mental retardation. Thus, if it were not for the practical necessity to "label" individuals (we use the word "classify") in order to establish funding streams and program parameters, there would probably be little real use for intelligence tests in the future. The unhappy compromise which most try to live with today is the requirement that before these serious labels are applied, at least we must have a number of qualified people contributing to an overall assessment of the individual's strength and weaknesses. Thus, there is a genuine effort today to set aside the traditional limiting stereotypes about individuals generated in large part by the labels attached to them and instead, to focus on what the person can do, what the person needs to learn to do, and the methods and systems which must be brought to bear to assure that the person will learn to do that which he needs to do.

Probably the prominent characteristic of the mentally retarded person is his/her difficulty in dealing with the language symbol systems which characterize the human experience. What this means is that the retarded person usually experiences problems in areas which require an understanding and an ability to use the processes which require language competence such as problem solving, reasoning, use of speech and the understanding of speech, reading, etc.. Within a wide range of diversity, retarded persons, to one degree or another, have difficulty learning how to use the tools of learning we take for granted. Individuals who are developmentally on target internalize their recurring experiences with the world, but the retarded person does not, or does so in a delayed and incomplete fashion. Often, developmental milestones are significantly delayed while some developmental milestones never appear.

There are a number of obvious causes of mental retardation. For example, genetic disorders, pre-natal damage to the fetus, lack of oxygen at birth, diseases which invade the nervous system, accidents, toxic agents, and metabolic disturbances can all cause mental retardation. However, most retarded persons are retarded because many elements within their environments, for one reason or another, prevented the child from benefiting from the amount and quality of stimulation on which other children thrive. Often, physical causes interact with environmental causes. For example, poor nutrition, the presence of toxic materials (e.g. leaded paint, maternal use of alcohol and drugs, etc.) often coincide with depressed environments. In the past, it was thought that since the "condition" of mental retardation could not be "reversed" or "cured," there was little hope for improvement. Recent advances in early intervention techniques, though, have demonstrated that the effects of mental retardation, namely reduced cognitive functioning and deficiencies in adaptive behavior skills, can be greatly altered.

While much is still not understood about how mental retardation occurs, a great deal has been done to help prevent mental retardation. Genetic counseling, better pre-natal care, improved early childhood care, better training of individuals for the parenting role, have all contributed to the reduction in the instance of mental retardation from physical causes. However, there is a fear that because large segments of the population continue to live in poverty, the incidence of mental retardation from environmental causes will remain high.

2. The Needs of Persons With Mental Retardation

It is recognized today that persons with mental retardion and their families require intervention as soon as possible after identification. Retarded children, like all children, need care givers who know enough about child development and how to stimulate and promote child development to be able to both encourage and respond to the child's emerging development all the time. Some simple examples of this point can be made by contrasting some specific aspects of the development of disabled and non-disabled children. We all know that a motorically intact child will somehow stagger to his/her feet and take a tremulous step or two by twelve months of age, on the average. Some begin to walk at ten months, and others at fourteen months. Typically, apart from offering a finger or two for support, parents watch in excitement and anticipation as the child more or less on his own flows through an observable sequence of behaviors starting at around four to six months which results in the first steps at twelve months. The motorically disabled child (as many retarded children are), on the other hand, may not walk until eighteen months to over two years, assuming he/she has the neurological and muscular capability of doing so, and then, only with concerted practice over a long period of time. A similar pattern is seen in other spheres of development as well. By the age of two years, most children have vocabularies of at least 50 single words, and are on the threshold of a language "explosion" in which two and three word combinations begin to tumble forth and the size of both the receptive and expressive components of language increases dramatically. No such process unfolds with retarded persons, though, unless there is a directed, and competent plan of intervention to stimulate and structure language learning. Even then, there are some very severely mentally retarded persons who will never develop language. Examples in all areas of development could be given, and not just in the early years--the overall social, physical, and cognitive development of persons with mental retardation takes a long-term investment of time, money, and certainly competency to ensure that these individuals have an opportunity to live and function as fully and independently as possible.

Probably one of the most important single statement about what persons with mental retardation need can be made this way:

> Because mentally retarded persons do not learn easily, or spontaneously, because they do not generalize learning to all necessary settings well, and because mentally retarded persons can develop in very harmful and non-productive ways without direction, they require a consistent, developmentally sound, performance-based

program of intervention both within the formal treatment/educational environment and the family/community environment which can lead potentially to optimal functioning which far exceeds our previous expectations of what retarded persons could gain and produce. It is also important to mention that like all people, they need love, self-esteem, friends, a home, a family, and work.

In the past, persons with mental retardation were denied the opportunity to learn and were devalued and dehumanized as well. Our institutions remain filled with older retarded persons who never had the opportunities from the earliest point of identification to learn to grow in developmentally, behaviorally, and socially appropriate manners. Rather, in the absence of directed intervention, these individuals developed a full range of inappropriate, self-stimulating "institutional" behaviors which only confirmed to everyone that they could not be taught. Thus, there are generations of retarded persons in institutions, back rooms of boarding homes and nursing homes, hidden within families, and other "out of sight" places all because no one believed they could learn, so they weren't taught, and so to fulfill the prophesy, they came to behave just as everyone predicted they would.

The need for intervention at the earliest possible time cuts both ways--we can expect dramatic results from good intervention; we can expect tragic results from no or poor intervention. One final point needs to be made. It might appear that this discussion suggests that successful intervention can occur only if it begins during infancy or early childhood. However, a great deal of research has demonstrated that older retarded persons, including adults, have been successfully taught to use language, care for themselves, work and engage in rewarding interpersonal relationships even when intervention began after years of neglect.

3. Historical, Current, and Emerging Trends in Service Delivery Mechanisms

We are all aware that the focus on service delivery for those retarded persons (and mentally ill persons as well, we might add) who require out-of-the-home placement is the small, community-based environment. What is interesting is that this is essentially the approach taken in the first attempts at institutional care in this country. Small institutions for the mentally retarded were gradually developed in the northeastern part of the country during the latter half of the 19th century. At that time, the prevailing attitude toward treatment of the residents of those facilities stressed what we call today vocational rehabilitation: the teaching of useful skills which would permit the individuals in training to leave the facility eventually and to work successfully in the community. At first, these "residential facilities" consisted mainly of homes into which families took mentally retarded boys and girls and trained them for work. By the end of the 19th century, though, 15 States had developed large public institutions for the retarded persons.

It would be difficult to trace, but there is evidence that the rise in Social Darwinism took a particularly heavy toll on the original vocational orientation of the early 19th century efforts to work with retarded persons, though there is also evidence that the period of early optimism had ended prior to the rise of Social Darwinism. As Thompson and Grabowski noted in a brief discussion about the history of treatment of mentally retarded people in America:

> the intention of State institutions ... was to educate and train the retarded, (but) a feeling arose among certain segments of the population that the major functions of these institutions was to protect society from the residents. Some asserted that the mentally detective were a menace to civilization, incorrigible at times, burdens to the schools, sexually promiscuous, breeders of feebleminded offspring, and victims and spreaders of poverty, degeneracy, crime and disease. Instead of functioning to aid in training the mentally retarded by the early 1930s State institutions became areas of detention of 'undesirable elements of society'.[1]

By the 1950's, there were hundreds of thousands of mentally retarded as well as mentally ill persons in huge institutions, sometimes housing as many as 5,000 persons each. People were placed in institutions on the weakest evidence of disability. It was common that one-paragraph statements by a judge, a psychiatrist, or even a parent or family member was the basis for the admission of a retarded or disturbed youngster who would be literally incarcerated for 30, 40 or more years. There are residents of facilities for persons with mental retardation today who are in their 60's or 70's who were admitted in the 1920's and 1930's and who haven't had a visitor in 30 years.

As early as the mid 1950s, though, there were some slight breezes of change which many years later would combine forces to become a gale. First of all, the Brown v. Board of Education decision in 1954, which was the beginning of the Civil Rights movement, would later lead to similar suits in the late 1960s and early 1970s concerning the rights of retarded persons to free and public education (Pennsylvania Association for Retarded Children v. the Commonwealth of Pennsylvania), and to treatment in institutions (Wyatt v. Stickney, the "Partlow Case" in Alabama). The second "breeze" that began to blow in the 1950s was the rise in the number of classes for handicapped persons in public schools. Initially, though, these classes (and there were really very few of them) were usually reserved for the least handicapped, and the less retarded, and more severely handicapped persons were still systematically excluded from public schools. (This was also a period of time which witnessed an important increase in the numbers and effectiveness of associations for retarded persons, groups which have continued to assert strong pressure on Government at all levels to provide adequate services and protection of rights for persons with mental retardation. There was also a great deal of effort expended in clinical research and practice to identify effective ways of rehabilitating physically disabled servicemen after World War II. For example, many effective techniques were developed to help victims of brain damage to regain the use of speech and language, techniques which later contributed to a better understanding of how language centers of the brain work. These efforts served as a basis for much contemporary work in basic research in mental retardation in the 1960s and 1970s).

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[1] Thompson, T. and Grabowski, J. (Eds.) Behavior Modification of the Mentally Retarded. New York: Oxford University Press, 1972.

The population of institutions for mentally retarded people reached a peak in the late 1960s, and there has been a steady and uninterrupted decline in the number of persons residing in instituions for retarded persons since then. At present it is estimated that there are fewer than 125,000 mentally retarded persons residing in public residential facilities for mentally retarded persons. What is interesting though, is that the average size of these facilities is over 500. In fact, over 70% of all public residential facilities in the country house more than 200 persons, and there are still over 50 facilities which house more than 1,000 residents each. Thus, while the overall number of residents in all facilities is declining, and expected to continue to decline, most public facilities are still quite large.

Several important initiatives that began in the early 1970's have resulted in sweeping changes in both law and policy which in turn have changed the character of how services are delivered to mentally retarded persons and where they are delivered. Advances in Scandinavian thought regarding services for mentally retarded persons took form in an ideology called "normalization." The concept, as defined by the Danish Mental Retardation Services, refers to "letting the mentally retarded obtain an existence as close to the normal as possible." The primary intent of this ideology is to address distorted societal attitudes about mental retardation held by society in general, professionals, service providers, schools, state agencies, many parents, and retarded persons themselves. The ideology supports the integration of normal activities of living with retarded persons in the fabric of the community. Advocacy groups in this country have vigorously adopted the principles of normalization as the vehicle to focus attention on alternatives to institutional care.

The influences of the judicial system have also been a pervasive and powerful force for change. Litigation has been increasingly a vehicle for redress and reform of institutional environments and for bringing attention to the previously ignored human needs of residents. The most recent and significant case which promised to have a profound effect on how residential services are delivered to mentally retarded persons was the "Pennhurst Case." The court ruled in late 1977 that Pennhurst State Hospital in Pennsylvania was "unconstitutional" in that it was incapable, by definition, of providing individualized, humane, developmental care to its residents. The court ordered that the facility be closed and that all residents be moved to more suitable community based programs. A court of appeals allowed most of the order to stand but did not order the facility to close, deciding that there were some whose needs could be served by a comprehensive treatment facility such as Pennhurst, but still mandated that the facility meet all requirements of the State and Federal Government to provide proper care. The Supreme Court recently ruled that the Developmental Disabilities law against which Pennhurst was sued did not mandate the remedies the Court had originally imposed on the facility. Thus, while many developmental disabilities advocates expected to rule in favor of the plaintiffs, the Court affirmed the Commonwealth's view that some retarded persons could best be served by a comprehensive facility which can provide needed services in one place.

Another potent force which has had a profound and indirect effect on services to developmentally disabled persons has come from academicians and researchers who have evolved sophisticated technologies for teaching and training developmentally disabled persons. The refinement and implementation of developmentally-based, task analytic (which means items for training are broken down into structural or functional steps or components) training procedures have assisted mentally retarded persons to acquire increasingly complex and diverse tasks which lead towards greater independence, productivity, and human dignity. Such advances have been geared in the recent past towards the acquisition of self-care skills and appropriate social behaviors, and now towards vocational and community living ends as well. The combination of all skill areas optimizes the potential for independent living. Operant conditioning techniques (which come from basic learning theory) of increasing sophistication, with applicability to a range of settings, are increasingly moving out of the academic researchers' realm and into residential settings, the work place, the public schools, as well as the home.

One of the other major threads in the fabric of developmental disabilities has been in the area of legislative initiatives. Legislation has been in part spurred by litigation and advocacy as well as in part by the civil rights movement and its spinoff to other human rights issues. Responses to the needs of the developmentally disabled have been greatly affected in recent years. Legislation has resulted in the enactment of the Rehabilitation Act of 1973, especially Section 504, and the Education for All Handicapped Persons Act of 1975 (Public Law 94-142), both pieces of enabling legislation that have dramatically increased the type and extent of services and environments available to disabled person. (It should be noted, though, that at the present time, the current Administration has proposed legislation which would combine many of these programs into no-strings attached block grants.) As mentioned in the beginning of this section, legislation was passed that for the first time included institutions for mentally retarded persons in the Medicaid program (as intermediate care facilities for the mentally retarded ICFs/MR). While most States have used the ICF/MR program to upgrade existing facilities, they are also beginning to utilize the program for the development of small ICFs/MR in community settings (typically serving 15 or fewer persons).

The following summarizes the emerging trends in services to mentally retarded persons:

- There will most likely be a rapidly increasing number of small residential facilities seeking certification as ICFs/MR, though the effects of the proposed Medicaid cap may alter the trend.
- It has been estimated that by 1985, the overall population of public residential facilities will be less than 100,000 nationally.
- As the focus for services increases on programs that enable families to retain and care for their mentally retarded family member, the need for institutional services will decline and the capabilities of retarded persons will increase (meaning they will be more independent and productive and less dependent upon public services).
- Advances are expected to continue which will result in fewer children being born with mental retardation or becoming retarded through disease, toxicity, accident, or neglect.
- Generic services in the public schools particularly will continue to increase and enable more and more retarded people to learn and grow as integrated members of the larger community.
- Litigation is expected to continue to keep strong pressure on responsible public agencies to ensure that the rights of retarded people are protected and asserted and that appropriate services in appropriate settings are provided.

While this list of emerging trends is optimistic, there are also those who are concerned that if the economy continues to be unstable in the next decade, the very expensive services for retarded persons may be viewed by society as unaffordable in balance against all of the other needs of the society. There is also concern that there is an underlying backlash building in the Nation's communities against the re-introduction of the chronically mentally ill and mentally retarded to the community.

Some have predicted that by 1990, the Nation will be well into another era of institutionalization. The impetus at present is toward greater integration of these dependent populations in the community through generic services, but it is not possible to predict with certainty what will emerge in the years to come. Most agree that the direction of services will rest heavily on the ability of the "normalization" advocates to demonstrate the success and efficacy of their ideology over that of those who favor institutions.

4. Overview of the ICF/MR Regulations

Within the broad authority granted to the Secretary to set standards for ICFs and ICFs/MR, the ICF/MR regulations were first published in 1974. As it happened, there were already standards for residential facilities for the mentally retarded which had been published by the Accreditation Council for Facilities for the Mentally Retarded (ACFMR), which was then a part of the Joint Commission for Accreditation of Hospitals (JCAH). These standards were heavily oriented toward active treatment services and were therefore considered suitable for the ICF/MR program.[1] Thus, the ICF/MR regulations represented a modified revision of the ACFMR standards.

However, since most facilities would have to undergo massive changes to meet the new regulations, two sets of regulations were published simultaneously. An interim set of regulations provided the minimum acceptable standards which a facility must meet to enable it to participate in the ICF/MR program while preparations were underway to meet the final standards to be effective in March, 1977. As the 1977 deadline approached, it became clear that many facilities would not be able to complete the physical renovations or new construction to meet the final standards. Thus, regulatory revisions were made that gave facilities until late July 1980 (and if they requested and received approval, until 1982) to complete Life Safety Code, living, dining and therapy area corrections. All staffing provisions had to be met by July 18, 1978.

With increased interest in the certification of small (15 beds or less) facilities as ICFs/MR, questions have been raised about standards for "small" and "large" facilities. There are no separate standards for "small" and "large" ICFs/MR. There is one set of standards, 42 CFR 442, Subpart G, "Standards for Intermediate Care Facilities for the Mentally Retarded."

[1] The Council is now an independently incorporated entity, called The Accrediation Council for Services to the Mentally Retarded and Other Developmentally Disabled Persons" (AC MRDD), and is no longer associated with JCAH.

The ICF/MR standards can be grouped functionally in four general categories (though they are not so segmented in the standards themselves):

a. Administrative Policies and Procedures: This section includes organization, operating requirements, personnel, in-service training, and requirements necessary to the smooth and efficient operation of the facility.

b. Resident Living: In recognition of the basic habilitative nature of the objectives of the regulations, and in response to the frequently deplorable congregate living environments of large, old public facilities present at that time, this specifically defines an acceptable living environment, including:
   1) no more than four persons to a room;
   2) minimum square footage of living space per resident;
   3) resident care staffing ratio requirements;
   4) required furniture;
   5) personal privacy standards;
   6) resident rights, use of behavior modification, restraints, and other protection-from-abuse standards;
   7) resident training programs in the living units (e.g., toileting, bathing, grooming, etc.);
   8) other quality of life standards to promote "normalizing" humane living environments.

c. Professional and Special Programs and Services: This section provides for services and procedures necessary for "active treatment" (which will be explained in the next section) to take place. The services to be provided directly or by contract include medical, dental, training and habilitation, nursing, food and nutrition, pharmacy, physical therapy and occupational therapy, psychology, speech pathology and audiology, and recreation services.

d. Safety and Sanitation: This section defines the required fire safety and sanitation measures which must be taken to ensure the health and safety of the residents of the facility.

The essential thrust of the regulations, then, is to provide a safe, normalizing, and healthy environment in which retarded persons may receive those medical and/or habilitative services which will, over time, result in greater independence, dignity, and productivity, hopefully in ever less restrictive environments.

There are a number of provisions within existing standards that affect the operation of facilities which serve 15 or fewer residential clients:

a. Professional services may be on a contracted basis as long as quality is assured. If no residents of the facility require a particular service (such as physical and occupational therapy), that service need not be provided.

b. Nursing services do not need to be provided on a full-time basis if a physician certifies that the residents do not required professional nursing services. These services can be arranged on an "as needed" basis for minor illnesses, injuries, etc.

c. Registered dietitians are not required in small facilities.

d. Small facilities may be exempted from the institutional occupancy provisions of the Life Safety Code under certain circumstances.

e. Staff coverage may be reduced proportionately when the residents are out of the facility during the day.

f. ICFs/MR may be administered by a licensed nursing home administrator or a qualified mental retardation professional (QMRP).

g. A facility may employ a QMRP on a part-time basis as long as the identified needs of the residents are met.

Those provisions of 42 CFR 442, Subpart G not affected by the above noted allowances must be met by the small facility seeking certification as an ICF/MR, including, and most especially, the requirement that active treatment be provided.

We will discuss surveying in ICFs/MR using these regulations in a later section.

STUDY UNIT I

OBJECTIVE: Upon completion of this study unit the Health Facility Surveyor will be better able to discuss the characteristics and needs of mentally retarded people, to describe and recognize active treatment, and to describe the major differences and similarities in surveying large and small ICF/MR facilities.

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; and (2) learning activities.

WHEN MAKING A SURVEY DETERMINE THAT A SAFE, NORMALIZING HEALTHY ENVIRONMENT THAT IS AS HOMELIKE AS POSSIBLE IS PRESENT IN WHICH THE RETARDED PERSON MAY RECEIVE MEDICAL AND/OR HABILITATIVE SERVICES NECESSARY TO GROWTH IN GREATER INDEPENDENCE, DIGNITY, AND PRODUCTIVITY. YOU SHOULD:

* Ascertain that the physical and environmental standards as found in the 1977 regulations are met or in the process of being met.

* Review facility records for their philosophy, overall goals and objectives, Resident Rights policies, financial affairs policies, restraint policy, and the policy on resident privacy.

* Ascertain that learning in formal programs is being carried over by the staff into the daily living environment.

* Determine that staff has the necessary professional qualifications and that adequate inservice education is provided to all staff.

Source of Information

* Facility policy and procedure books
* Resident Records
* Interviews with staff, residents, families and visitors
* Tour of the facility
* Observations and comparison of individualized training and habilitation objectives for a sample of residents, with the training the resident is actually reeceiving.
* Comparison of resident activity schedule with actual activities

Reading Assignments

- 42 CFR - Subpart G - Standards for Intermediate Care Facilities for the Mentally Retarded 442.400 thru 442.432 and 442.500 thru 442.516.

- State Operations Manual
  3008A - p. 3-13
  3151A - p. 3-101
  3151E - p. 3-103
  3197A and B

Discuss reading assignments with the preceptor

List provisions in the 1977 ICF/MR regulations which the provider, with the Secretary's approval, may have until 1982 to comply with.

List 4 items concerning an acceptable living environment that are addressed in the regulations.

List 3 provisions in the regulations which may be altered for an ICF/MR of 15 or fewer beds.

Discuss completed assignment with the preceptor.

II. ACTIVE TREATMENT

In this section we will discuss the major concept of care around which the ICF/MR program is built. The term "active treatment" is contained in the statutory authority for the program (Section 1905(d) of the Social Security Act), and is defined in the following way in 42 CFR 435.1009:

"Active treatment in institutions for the mentally retarded" requires the following:

> The individual's regular participation, in accordance with an individual plan of care, in professionally developed and supervised activities, experiences, or therapies.
>
> (b) An individual written plan of care that sets forth measurable goals or objectives stated in terms of desirable behavior and that prescribes an integrated program of activities, experiences or therapies necessary for the individual to reach those goals or objectives. The overall purpose of the plan is to help the individual function at the greatest physical, intellectual, social, or vocational level he can presently or potentially achieve.
>
> (c) An interdisciplinary professional evaluation that--
>
> > (1) Is completed, for a recipient, before admission to the institution but not more than 3 months before and, for an individual applying for medicaid after admission, before the institution requests payment;
> >
> > (2) Consists of complete medical, social, and psychological diagnosis and evaluations and an evaluation of the individual's need for institutional care; and
> >
> > (3) Is made by a physician, a social worker and other professionals, at least one of whom is a qualified mental retardation professional as defined in 442.401 of this subchapter.
>
> (d) Reevaluation medically, socially, and psychologically at least annually by the staff involved in carrying out the resident's individual plan of care. This must include review of the individual's progress toward meeting the plan objectives, the appropriateness of the individual plan of care, assessment of his continuing need for institutional care, and consideration of alternate methods of care.

(e) An individual postinstitutionalization plan, as part of the individual plan of care, developed before discharge by a qualified mental retardation professional and other appropriate professionals. This must include provisions for appropriate services, protective supervision, and other follow-up services in the resident's new environment.

The concept of active treatment has been a very difficult concept for many to understand and to implement as well as to survey. Often the problem in understanding the concept lies with the individual's lack of experience and training in procedures used with mentally retarded and other developmentally disabled individuals to help them function more productively, independently, and with greater personal dignity. Unfortunately, the concept is often misunderstood or ignored because some people responsible for serving this population do not belive that retarded persons can benefit from "active treatment." Others find it difficult to implement the concept for administrative, organizational, or other legitimate reasons. You will find far more extensive discussions of the entire process of active treatment in Gardner et al., Issues in Developmental Disabilities: A Resource Manual for Surveyors and Reviewers (1980), but the following is a brief discussion of the basic tenent of the concept of active treatment in an ICF/MR.

A. Active treatment is a process.

Many people have understood active treatment to mean the application of specific services (therapies) to individuals in formal settings at prescribed times. For example, the placement of a person in a speech therapy session at 2:00 p.m. on Mondays, Wednesdays, and Fridays would be "active treatment." Certainly those sessions are a part of active treatment, but the concept is not realized unless those skills being taught in the therapy sessions are practiced by competent persons in other settings where those speech skills are intended to be implemented in daily use. Thus, "process" means that every interaction with the retarded person should be related to the goals and objectives of the individual program plan whether the interaction is in a formal session or in an everyday interaction. The key to the implementation of the active treatment concept as process is the ability of all staff to be able to practice, maintain, and otherwise support the efforts of professional services staff. A retarded person does not carry over learning from the setting in which it is taught to the setting where it is to be used very well, sometimes not at all. Thus, if active treatment as a process is not occurring, one often finds a resident who performs well in the training setting (e.g., a toilet training session in the resident's residential setting), but who does not use the skills learned in the session anywhere else. Thus, active treatment is not being implemented fully.

B. Active treatment is predicated on what is called the "developmental model."

The developmental model means training services that are based on the resident's skills and strengths already present, compared to the skills that commonly occur sequentially in so-called "normal" development. In other words, intervention follows the principles of development which we have learned from studying the development of non-disabled children.

Even with adults, the principles of development can still be utilized as a guide to programming. It is especially important for the new surveyor to understand the differences between a "developmental model" and a "medical model." Many have complained that the ICF/MR is predicated on a medical model because an emphasis is placed on providing health and health related services. What has happened, though, is many surveyors who did not understand what was meant by the developmental model have focused in surveys mostly on the health aspects of the program. We believe that since most surveyors have received recurring training in the area of developmental disabilities, there is a greater understanding that the principal focus of the ICF/MR regulations is upon the delivery of active treatment services as described in this section. We do not wish to de-emphasize the importance of health and health related services to the overall benefit of the resident, but it is imperative that the surveyor achieve a balance between the developmental and the health needs of the residents and the performance of the facility in these two areas.

C. Active treatment utilizes the principles of learning theory.

The definition of active treatment requires that the plan of care "sets forth measurable goals and objectives stated in terms of desirable behavior..." What this means is that interventions should be based on a careful task analysis of the behaviors to be changed or developed. From that analysis comes a plan of intervention, and includes a specific method of accounting for developmental or behavioral change (data gathering, in other words). This methodology is consistent with the principles of learning theory. These principles are based upon evidence that we learn in systematic ways and that learning can be facilitated when it occurs in the context of all of the settings in which it is expected to be used. Likewise, learning can be accelerated when teaching techniques are used repeatedly in a consistent fashion, geared carefully to the person's learning style. In other words, the definition of "active treatment" was not "made-up." It was carefully worded to reflect the importance of new information we have gained from developmental and behavioral psychology which have been demonstrated to result in permanent developmental and behavioral growth in developmentally disabled persons.

D. The implementation of active treatment depends upon an integrated, coordinated administrative system, and the individual's written plan of care is the keystone of any active treatment system.

It is one thing to understand that active treatment is a "process," but it is quite another to implement the "process" in real practice in the real world of service delivery. Regardless of the size of the facility or the actual location of the various services (e.g. across town, or across an institutional campus), what must be evident to the surveyor is that the people who work with the resident--professionals and non-professionals alike--know what each other is doing and help each other to help the resident learn what he needs to know to function as completely and independently as possible. Of course, there are some skills that are "situation specific," such as an assembly task in a sheltered workshop that the resident would not practice at home, but self help, interactional, communicative, perceptual motor and other "life organizing" skills can be practiced and reinforced everywhere the resident is. The concept of active treatment in practice is very simple and easy to assess. Either the staff knows what they are doing or they don't.

The written plan of care should be the basis for program planning, implementation, and monitoring/evaluation. It should also be the tool the surveyor uses as a basis for his assessment of the facility's ability to plan and provide active treatment.

The plan of care should:

1. be stated in behavioral and measurable terms. That means that anybody should be able to pick it up, read it, and know exactly what the objectives are for the individual across a spectrum of developmental skills and behavioral repetoires, how they are going to be implemented, and who is in charge.

2. contain realistic, attainable objectives that can be confirmed by the resident's performance (which implies, of course, that assessment and performance data is maintained and available which reflects the goals and objectives set forth). General, vague, over-stated goals and objectives are sure signs of inadequate programming.

3. be everywhere the resident is on a regular basis--the home, the school, the workshop, the speech therapy room, etc.--where it is needed to guide staff with their interventions with the resident.

4. be in a continuous state of flux--while the plan must be rewritten at least annually, changes should be made as needed by the resident (.e.g, the plan must be reviewed at least monthly by a member of the team), not by a calendar!

The surveyor cannot learn all there is to know about plans of care and behavioral objectives from this short introduction, but one thing can be learned for certain--the surveyor should expect to see a direct relationship between the plan of care, the resident's behavior, and the staff's knowledge about and expertise in implementing the plan of care. If the surveyor cannot see a clear traceable relationship, active treatment very likely is not taking place as it should, even if the "services" required are "provided." Remember, the mere fact of giving a "treatment" does not mean that it was "active" in the sense described in this chapter.

STUDY UNIT II

WHEN MAKING A SURVEY DETERMINE IF THERE IS ACTIVE TREATMENT FOR EACH RESIDENT. YOU SHOULD:

- Interview staff in all areas - i.e., physical therapy, speech therapy, etc. for their knowledge of the care plans of individual mentally retarded persons they are working with.
- Review resident records to see if care plans have been implemented as written.
- Interview residents, staff, parents, and visitors to verify their participation in all phases of the program and in discharge planning.
- Observe resident activities in their living environment and the interactions of residents and staff.
- Note dates of revisions of care plans.
- Review minutes of Interdisciplinary Care Planning Conferences
- Attend team meetings where permissible
- Review process documented

Source of Information

- Resident care plans
- Interviews
- Resident records
- Observations of staff and resident activities

Reading Assignments

- 42 CFR 435.1009
  442.433 - 442.504
- Interpretive Guidelines of ICF/MR

Discuss reading assignments with the preceptor

List the 2 major components of the term "active treatment".

Explain the concept of active treatment as a "process".

List two characteristics of an effective plan of care

Discuss completed assignment with the preceptor.

III. SURVEYING IN LARGE AND SMALL ICFs/MR

As a new surveyor becomes experienced in surveying in various ICF/MR settings, it becomes evident that each facility presents it's own organizational, environmental, and treatment ecology. Yet all ICFs/MR must meet the same regulations (with several exceptions for facilities serving 15 or fewer persons). While training and experience in developmental disabilities are the best preparation for the surveyor who will assess ICFs/MR, this brief overview will outline some of the important differences between surveying in larger congregate facilities and smaller community-based facilities. Some basic similarities will also be noted.

It is assumed here that the surveyor is receiving instruction in the basics of the survey process and that the earlier parts of this section of ICFs/MR will be kept in mind, namely the explanation of active treatment.

A. Some differences between large and small facilities

1. Large facilities tend to provide most if not all of the services required by the ICF/MR regulations on the grounds of the facility. That is why most of the large ICFs/MR are called "comprehensive care" facilities. Some are so complex that they may have as many as three certifications: ICF/MR, SNF, and hospital.

2. Small facilities usually contract for many required services outside the facility or utilize generic services in the community funded by other sources (e.g. public schools, vocation rehabiltation services). Behavioral, physician, nursing, and pharmacy services are often provided by arrangements with the same physicians, nurses, and pharmacists the rest of the community uses.

3. Large facilities tend to group fairly large numbers of residents together in living arrangements, dining arrangements and programming arrangments. Likewise, large numbers of staff work with each resident.

4. Small facilities tend to serve an average of 8 to 10 persons in each facility--some as few as four. Group homes in the community must be certified singly, though they may be jointly owned and administered.

5. Large facilities tend to serve the more severely mentally and physically handicapped persons. Recent survey data indicated that 76% of residents of large public residential facilities served severely and profoundly developmentally disabled persons.

6. Small residential facilities tend to serve the less handicapped individual. Recent survey data indicated that almost 79% of the residents of small facilities were mildly to moderately mentally retarded.

7. Most small facilities serving 15 or fewer persons seek the rooming and boarding house exceptions under Chapter 11 of the Life Safety Code since most of the residents of these facilities are ambulatory, receiving active treatment, and certified as capable of self-preservation.

8. Large facilities tend to have what many critics call an "institutional" environment, meaning that they are not home like or normalizing. Others have found that new living units and renovated living units done well have improved the quality of living environments in institutions.

9. Small facilities are usually operated privately and are located in homes in neighborhoods that are a "normal" part of the community environment, and are thus aften described as "normalizing," and "least restrictive."

10. Large facilities are usually (but not always) publicly owned and operated and are likely to be subjected to complicated budget processes and budgetary restraints making expensive deficiencies difficult to correct within a reasonable time-frame.

B. Some similarities between large and small facilities

1. Staff turnover is a constant and vexing problem, leading to inadequate continuity of care in both settings.

2. Difficulty in locating professional and trained para- and non-professional staff is another chronic problem in both settings.

3. Is is difficult to arrange for and deliver comprehensive, integrated active treatment programs for individuals in both the large and small facilities. Keeping the focus on individuals (staff and residents!) getting in touch and staying in touch with what each other is doing -- not an easy thing to do in either place. This is not meant to suggest the facility shouldn't be expected to deliver active treatment or that the

surveyor shouldn't look for it, but it is to say that operationally, the process is difficult to implement.

4. The focus on developmental outcomes and maintenance of already acquired skills must be primary in each setting. Just because a person is in a large facility does not mean he cannot progress, and just because he is in a community-based small facility does not mean he will progress.

5. Administrators in both large and small facilities may have agendas (e.g. cutting costs) which run counter to the developmental needs of the residents. To the extent the focus on the individual is lost or subjugated by the agendas of the administrator of the facilities is the extent to which care should be taken to assess how well the facility responds to resident needs.

C. Surveying in ICFs/MR

The remainder of this section will be devoted to some introductory remarks about surveying in large and small ICFs/MR. Only a few essential points will be made which are relevant to the critical and distinctive features of the ICF/MR regulations. This section will not focus on regulations such as sanitation, fire safety, and other capacity requirements.

1. Surveying in large ICFs/MR (serving 16 or more residents) The most important tasks of the surveyor in an ICF/MR serving 16 or more persons is to determine how the facility a) determines each resident's needs, b) develops each resident's plan of care, c) actually delivers the care, and d) measures and accounts for the outcomes of the care delivered (in terms of developmental growth and change). Of course, as you should be aware by now, these items constitute active treatment. Some surveyors rely heavily on a review of records to determine if active treatment is being delivered to each individual. While a review of records is important, the most effective way to know if needed services are delivered and if the resident is benefiting from them is to go, to where the resident lives and where he receives services during the day. Usually in a large facility, most, if not all, of the services the resident receives are delivered on the campus of the facility, so the surveyor should actually follow some residents through their program. It is important to check along the way (especially in the living units) to see if staff are familiar with the goals and objectives set forth in the plan of care for each resident and to see if the goals and objectives are practiced and reinforced throughout the residents' daily program. It is not difficult to identify good active treatment. The staff knows each resident and they know how to

interact with each resident in ways which promote the realization of the goals and objectives set forth for each resident. While this process seems simple enough, as mentioned earlier, it can be very complex in a large setting.

Another important part of the survey is to observe care practices in terms of the principles of normalization. Are the living environments home-like? Do they foster privacy and independence? Are residents treated as individuals or herded together? Are they treated with respect, dignity and affection? Are residents provided with opportunities to interact with the community? Are they dressed well? Are their social behaviors appropriate? Do staff appear to view the residents in sterotyped manners? Is there an attitude that residents can grow and change? The answers to these questions tell a great deal about the atmosphere of the facility.

Finally, the surveyor should take a careful look at in-service training, staff turnover rates, and numbers of professional staff persons. First of all, in-service training is one source of evidence for the surveyor about the extent to which the facility goes to provide competent trained staff for the residents. As mentioned earlier, the only way a facility can deliver active treatment services is through a coordinated effort in which the staff who interact with the residents function with competence and knowledge. It is not sufficient for staff simply to "take care" of the residents. The fact is that there are techniques and interventions available today which can be utilized by trained non-professional and para-professional persons under the supervision of professional staff. When all staff persons work together as a treatment team with competence, residents grow and develop more rapidly and with greater independence. Thus, in-service training becomes a critical function of the facility. Related to staff training, of course, is staff turnover. If the facility has high turnover rate, the need to train staff is a constant and compelling need.

Finally, the numbers of professional staff to provide direct assessments and inteventions as well as supervision of non-professional and para-professional staff is related to the ability of the facility to provide needed services. While the regulations do not mandate the exact mumber of staff, one regulation (42 CFR 442.464) requires that the facility provide sufficient trained personnel to meet the needs of the residents. It becomes a matter of judgement as to whether or not there is sufficient professional staff, but if the surveyor finds that active treatment is difficult to assess in the facility, it may be there are not enough professional staff available.

The impression the surveyor should have from this brief discussion is that the expectation of the ICF/MR program is that the facility delivers care that counts. As the new surveyor receives additional training and experience, it will be more apparent what this means in practice.

2. Surveying in the small ICFs/MR Obviously, what has been said about surveying in the large ICF/MR is true in the small ICF/MR, but the surveyor will look for the same things in a somewhat different way. First of all, most residents of small facilities receive many needed services away from the facility during the day. Often, these services are not under the direct or contractual control of the facility (e.g., if the residents are in public schools), yet the facility is still responsible for arranging for appropriate, needed, quality services for their residents. Not only that, as you know, the facility must coordinate and reinforce the various treatment goals and objectives regardless of where they originate. On the other hand, outside resources should reinforce those goals and objectives originated by the facility (e.g., social/interactional behaviors, self help, daily living, and other "home-related" skills and behaviors). Thus, you can see that the surveyor's task in surveying a small ICF/MR is one of being able to identify practices in the facility which clearly indicate that the staff is reinforcing, practicing, implementing, and strengthening the resident's performance on the goals and objectives of the resident's total program. The surveyor has the authority to visit those day programs about which the surveyor has concern, not to judge the program, but to judge whether or not the resident is receiving the services needed as identified by the resident's plan of care.

Of special importance in the small facility also is the extent to which the facility develops and implements active treatment in the facility itself in addition to reinforcing goals and objectives from outside programs. The facility has a major responsibility to provide self care training, social training, community and daily living skills, leisure time skills, skills related to exercising rights, and other skills that make up the fabric of our daily lives and which center about the home. Keeping in mind that active treatment is a process, and that the small facility is intended to resemble a home as closely as possible, these programs need not be "formal", but there should be clear evidence that each resident is engaged in intervention, in a planned way which lead to increasing the skills associated with daily life. It is not sufficient to provide a pleasant, "tender loving care" environment--active treatment must also be provided.

This brief discussion of the ICF/MR program must not be used as the final word on the survey process in the ICF/MR. Rather, it has been the goal of this section to impact an attitude about what is expected from facilities certified as ICFs/MR. With further training, experience, other books and resources (especially Gardner's _Program Issues in Developmental Disabilities: A Resource Manual for Surveyors and Reviewers,_ 1980) will add further to your understanding of the needs of retarded person and persons with related conditions in ICFs/MR.

STUDY UNIT III

WHEN SURVEYING IN THE ICF/MR DETERMINE APPROPRIATENESS OF CARE IN LARGE OVER (15 BEDS) AND SMALL (15 BEDS OR LESS) FACILITIES. YOU SHOULD:

* Determine the method by which resident needs are identified, care delivered, and goals assessed.

* Determine that the structure and functioning of the facility makes for a "normalizing" environment.

Source of Information

* Interview residents, staff, family and visitors.

* Observe staff interactions with patients.

* Review resident records

Reading Assignments

* The following regulations pertain specifically to the ICF/MR with 15 or less beds:

CFR 442.453
442.473
442.481(g)
442.508

Discuss reading assignments with the preceptor

What tends to be the difference between large and small facilities in the method by which services are provided and in the types of persons they serve?

In both large and small facilities staff turnover is a problem. In terms of resident care, what is the most detrimental aspect of a high staff turnover?

In the large ICF/MR, what is the most effective method to determine if needed services are being provided and if the resident is benefiting from them?

How would you most effectively do this in the small ICF/MR?

U. END-STAGE RENAL DISEASE

1. HISTORY

With the development of the artifical kidney and the advancement of immunosuppressant drugs by 1960, some people formerly considered to be untreatable were provided a chance to prolong their lives through hemodialysis or transplantation. Dr. John Merrill and Dr. Joseph Murray performed the first kidney transplant in the 1950's on non-identical twins; chronic hemodialysis began in this country in 1960 under the leadership of Dr. Belding Scribner of Seattle, Washington. However, as medical and technological advancements in dialysis and transplantation flourished, severe socio-economic problems loomed, since financial costs for treatment were overwhelming. Insurance policies were limited and many End-Stage Renal Disease (ESRD) patients learned that they were not insurable. Moreover, the tremendous financial costs and their associated problems multiplied the problems, since the psychological and social needs of the patient rarely received attention.

This situation was somewhat alleviated with the advent of Medicare coverage for ESRD in July 1973. Currently, Medicare pays 80 percent of the outpatient dialysis, laboratory, x-ray, and clinical charges; while the remaining 20 percent may be paid by Medicaid, State renal programs, private insurance, or private funds. Additionally, Medicare pays 100 percent of the charges incurred for inpatient services (exclusive of the deductible portion paid by the patient) and the majority of costs related to transplantation.

Three different types of ESRD facilities currently exist:

- Renal Dialysis Facility -- A unit which is approved to furnish dialysis service(s) directly to ESRD patients

- Renal Dialysis Center -- A hospital unit which is approved to furnish the full spectrum of diagnostic, therepeutic, and rehabilitative services required for the care of ESRD dialysis patients -- including inpatient dialysis furnished directly or under arrangement (A hospital need not provide renal transplantation to qualify as a renal dialysis center).

- Renal Transplantation Center -- A hospital unit which is approved to furnish directly transplantation and other medical and surgical specialty services required for the care of the ESRD transplant patients, including dialysis furnished directly or under arrangement (A renal transplantation center may also be a Renal Dialysis Center).

2. HEMODIALYSIS

The hemodialysis system is designed to replace, as nearly as possible, the excretory functions of the normal human kidney. Since the non-excretory functions of the human kidney are not accomplished by hemodialysis, they must be treated by other means. Functions of the normal human kidney and those of the artificial kidney are compared below.

Figure 2-25 Functional Comparison: Human Vs. Artificial Kidneys.

NORMAL HUMAN KIDNEY	ARTIFICIAL KIDNEY
EXCRETORY FUNCTIONS	
Maintenance of body sodium water balance	Removal of excess sodium and water from the body
Maintenance of normal levels of body chemicals	Removal of chemicals present at excess levels and replace most of those at insufficient levels
Maintenance of normal acid/ base balance in the body	Removal of dialyzable metabolic acids and restoration of the bicarbonate stores of the body

Figure 2-25 Functional Comparison: Human Vs. Artificial Kidneys. (Continued)

NORMAL HUMAN KIDNEY	ARTIFICIAL KIDNEY
EXCRETORY FUNCTIONS Maintenance of normal levels of metabolic waste products and excretion of unusuable substances from the body	Removal of excess metabolic waste products and unusuable substances which are dialyzable
NON-EXCRETORY FUNCTIONS Regulation of blood pressure by the secretion of renin	----------------------------
Stimulation of red blood cell production by the secretion of erythropoietin	----------------------------
Conversion of vitamin D to its physiologically active form	----------------------------

This comparison illustrates two basic differences between the natural and the artificial kidney. First, as stated previously, the process of hemodialysis is incapable of performing the non-excretory functions of the kidney. These must be compensated for by other forms of therapy (e.g., medications). Second, the normal kidney is a highly complex organ that continuously senses the body's needs and makes the necessary adjustments. The natural kidney is capable of maintaining a balance -- of maintaining a stable internal environment within narrow physiologic limits. The artificial kidney is a much simpler device that is incapable of "sensing" the needs of the human organism. Furthermore, the artificial kidney is used intermittently rather than continuously. It does not maintain a balanced internal environment; rather, it periodically removes excess substances and replaces insufficient substances in order to restore a proper internal environment. In short, the artificial kidney is used 18 hours per week or less; the normal kidney works 168 hours per week.

a. Peritoneal Dialysis

Peritoneal dialysis is another method of removing waste from the body. The peritoneum is a membrane lined with many small blood vessels that surrounds the intestine and other organs in the abdominal cavity. It has physical properties similar to those of cellophane and can function in a manner similar to the cellophane membrane in the hemodialysis machine. When the dialysate is introduced slowly into the abdomen, it bathes the peritoneal membrane. This allows metabolic end products to leave the bloodstream by diffusion and excess water to leave by osmosis and enter the dialysate solution in the abdomen. Repeated cycles of infusion and drainage are carried out, thereby reducing the concentration of metabolic endproducts and excess water in the body.

Several techniques of peritoneal dialysis have been devised to minimize discomfort and allow fluid to flow safely into the abdomen. These techniques vary among medical centers: in some, a disposable catheter is inserted in the abdomen with each dialysis treatment; in others, a permanent catheter is inserted.

The frequency of peritoneal dialysis depends upon the medical need for this treatment, which may last from 8 to 48 hours, once every 3 to 14 days. Some patients perform peritoneal dialysis treatments at home, dialyzing themselves for 12-hour periods, 3 times a week -- in a treatment that cannot be performed by the patient without assistance. A specifically tailored schedule of dialysis is developed for every patient in an attempt to restore the best state of health through a minimum time spent in peritoneal dialysis.

b. Continuous Ambulatory Peritoneal Dialysis

Continuous ambulatory peritoneal dialysis (CAPD), a variation of peritoneal dialysis, was developed as an alternative mode for home dialysis patients. CAPD is a continuous dialysis process that uses the patient's peritoneal membrane as a dialyzer. The patient connects a two-liter plastic bag of dialysate to a surgically implanted indwelling catheter and allows the dialysate to pour into his peritoneal cavity. Four to six hours later, the patient drains the fluid out into the same bag, which is replaced with a new bag of fresh dialysate. Performed three to five times a day, the first exchange takes place following awakening in the morning; the last is effected at bed time. CAPD frees patients from the confinement of a machine, because none is used. Since the process is continuous, CAPD frees patients from the dietary restrictions associated with intermittent hemodialysis or intermittent peritoneal dialysis.

3. TRANSPLANTATION

Most people believe that the best treatment for the patient with chronic end-stage renal disease is replacement of the diseased kidney with a normal kidney. This is achieved through transplantation, where the artificial kidney is merely a substitute for the normal kidney.

At the present, most patients with renal disease can look forward to many years of productive life through treatment with hemodialysis, peritoneal dialysis, CAPD, and transplantation. If the patient is a candidate for transplantation, a combination of these forms of therapy can be used. Thus, if and when rejection of the transplanted kidney occurs, the patient can return to dialysis to await another transplant.

4. HEPATITIS

Serum hepatitis is caused by the hepatitis B virus. Most cases of hepatitis occurring in hemodialysis personnel and patients are serum hepatitis and HBsag (Hepatitis B Surface Antigen) positive. This type of hepatitis has a long incubation period (i.e., two to six months). There is a new product available that has been found to prevent or modify serum hepatitis in persons who have been directly exposed. Therefore, after exposure to contaminated blood (e.g., via needle puncture or through a cut in the skin), hepatitis B immune globulin (HBIG) can be administered to the patient or staff member. HBIG should be given as soon as possible, and no later than seven days following exposure. If HBIG is not available, gamma globulin can be administered. However, there is no vaccine available for the prevention of serum hepatitis. Serum hepatitis is potentially a major health hazard for personnel and patients in a hemodialysis unit, as well as for patient families. Because serum hepatitis involves the liver, it may cause permanent liver damage and can even be fatal in severe cases.

a. Transmission of Serum Hepatitis

Serum hepatitis, which is generally transmitted through contact with a contaminated source, can be passed on in the following manner:

- Introduction of infected materials (i.e., blood, plasma, serum, saliva, or peritoneal fluids) into the mouth or eyes

- Introduction of infected material through breaks in the skin (e.g., obvious or covert cuts, scratches, abrasions, hangnails, etc.)

- Accidental skin punctures with contaminated needles or instrument

- Infected blood or blood products

- Transfer of infected material by insects or contact with contaminated surfaces

Preliminary studies indicate that serum hepatitis is probably not transferred through contact with intestinal material (i.e., vomitus or stool) or by the airborne route.

b. Signs and Symptoms of Serum Hepatitis

The symptoms of serum hepatitis can range from mild to sever they may mimic a slight head cold or there may be no symptoms at all. There can be easy fatigability, joint pain, decreased appetite, nausea and vomiting, and darkened urine. In some cases, urine has been known to have the appearance of coca cola. There may also be jaundice or yellowing of the skin and the whites of the eyes, severe skin itching, a skin rash, or hives. Additionally, cigarette smokers may lose their taste for tobacco. For unknown reasons, the symptoms of serum hepatitis occurring in medical personnel and patients' families are frequently more severe than those occurring in the patient.

The development of any symptoms resembling those of serum hepatitis should be reported at the earliest possible time, so that the proper blood studies can be obtained. In most dialysis facilities, staff members and patients undergo periodic blood sampling (i.e., monthly, bimonthly, etc.) This is performed to screen for positive patients and staff for HBsag (HAA: or the Australian Antigen, as it is sometimes termed).

Testing of all new patients should be performed before, or as soon as they begin, a program of dialysis. Some dialysis units may have negative and positive wards to isolate patients with serum hepatitis from those without. These are in addition to the "buffer" ward for treatment of patients whose status is unknown. Before assigning the patient to the "negative ward," it is necessary to know if the patient is positive or negative for serum hepatitis.

Some dialysis facilities may even screen potential employees for the presence or serum hepatitis prior to employment. Although this action does not mean that the positive individual will not be hired, he/she may be assigned to an area where the likelihood of transmission will be significantly reduced (e.g., with HBsag positive patients, in an administrative position, etc.).

c. Treatment of Serum Hepatitis

The treatment of serum hepatitis is not complicated: Bed rest and the ingestion of a high protein, high carbohydrate diet in addition to the avoidance of alcoholic beverages is presently the only recommended therapy. In some instances, those with serum hepatitis may require hospitalization. However, since the advent of HBsag testing, it has become possible to detect serum hepatitis in personnel, patients, and their families at a much earlier time. It is often possible to note a case of serum hepatitis before many symptoms are present; and treatment can be prescribed before the symptoms become so severe that hospitalization is required.

In some hemodialysis units, medical personnel with clinical serum hepatitis (i.e., elevated S.G.O.T. and/or Bilirubin) and a positive hepatitis associated antigen are sent home to recuperate. One physician is generally assigned to manage the staff member's care in cooperation with the staff member's personal physician, to determine when the staff member may be allowed to return to his/her position in the patient care area.

d. Precautions Against the Transmission of Serum Hepatitis

Good practice dictates several precautions that should be taken in a dialysis unit in order to prevent the transmission of serum hepatitis virus. The failure of even one staff member to follow these steps can greatly increase the transmission of this serious disease. It must always be remembered that serum hepatitis may result in permanent liver damage -- even death.

There are two basic reasons for the many precautions that are shown in Figure 2-26:

- The staff member, as a member of the hemodialysis health care team, must be protected as much as possible from contracting serum hepatitis.

- Just as important, the patient must be protected against this dialysis-related complication.

Figure 2-26: Guidelines for Hepatitis Prevention.

1. Because of the possible transmission of serum hepatitis by the oral route, staff members should not eat, drink, or smoke in the dialysis care area. The family and friends of hemodialysis patients should also be asked to avoid these activities when visiting the area. Additionally, placing objects in the mouth, nail biting, and head scratching should be avoided.

2. No persons other than staff members should be allowed to enter the dialyzer preparation and cleaning area of a dialysis unit, since this is one of the greatest areas of contamination. Anyone other than a staff member requiring anything from these areas should ask a staff member for assistance.

3. Tours through a hemodialysis facility should be kept to a minimum. Visiting professionals should be asked to wear protective lab coats when in the dialysis area.

4. Staff members should be provided with protective "scrub clothing" that can be left in the facility for laundering, so that contaminated conventional uniforms will not be worn home. Work shoes should also be left in the dialysis area at the end of the day. Staff should wear laboratory coats over their work clothes when going to other areas of the hospital or to uncontaminated areas within the dialysis unit.

5. Following every dialysis, nondisposable equipment should be thoroughly cleaned and disinfected or sterilized. These include beds, bedside tables, floors, blood and heparin pumps,

Figure 2-26: Guidelines for Hepatitis Prevention (Con't.)

knobs, and any other surfaces with which blood has conceivably come in contact, or that have been touched.

6. All patients should be handled as if they are HBsag positive as if they have an active case of serum hepatitis.

7. When a patient requires a blood transfusion, it is advised that he receive frozen, washed, packed cells, if at all possible. Frozen, washed cells are prepared under a process that makes them almost totally free of the serum hepatitis B.

8. Patients with a positive HBsag should have reduced contact with negative HAA patients --ideally, through isolation. While total isolation may not be possible, an attempt should be made to treat positive patients in an area outside the mainstream of activity. Additionally, the common use of equiment between positive and negative patients should be avoided.

9. Food in this area should be served using disposable plates and cutlery, which should be placed together with uneaten food in special waste containers for ultimate disposal after the meal. Patients should not share food, cigarettes, and cutlery with each other.

10. When a patient becomes HBsag positive, personnel and the family members should be alerted concerning the potential dangers and the importance of good personal hygiene.

11. Individual, puncture-proof needle dispensers should be in place at each bedside to prevent cross-contamination from a common needle

Figure 2-26: Guidelines for Hepatitis Prevention (Con't.)

dispenser. Additionally, individual dirty needle containers should be at each bedside for the safe and proper disposal of contaminated needles.

12. The needle is best removed and discarded properly. Whenever possible, recapping a needle should be avoided. Needles should never be placed down without a covering.

13. Used Fistula needles should be inserted into the dirty needle container and cut from the attached tubing.

14. No needle should be used more than once and should then be properly disposed of.

15. After dialysis, the ends of all blood lines should be clamped and covered with a protective covering before they are placed back on the dialyzer.

16. All breaks in the skin should be bandaged and gloved.

17. Handwashing technique must be scrupulous: Hands must be washed after each patient and equipment contact).

18. Protective gloves must be worn whenever you are:
    a. Taking Blood Pressures
    b. Taking Temperatures
    c. Serving Meals
    d. Handling Bedpans and Urinals
    e. Initiating and Discontinuing Dialysis
    f. Handling Access Devices
    g. Drawing Blood Samples
    h. Replacing Blood Tubing Components

Figure 2-26: Guidelines for Hepatitis Prevention (Con't.)

i. Dismantling Machinery

j. Handling Anything At the Patient's Bedside

k. Performing Blood Tests Such as Protimes Or Hematocrits

l. Tearing Down and Cleaning Dialyzers

m. Removing Blood Lines From Dialyzers

n. Cleaning Dialysis Equipment

o. Housekeeping in the Dialysis Area

p. Injecting Drugs or Fluid

q. Touching Adjustment Knobs on Equipment

Each bed should have a glove box holder mounted on the wall. It is imperative that the staff member re-glove between patients.

19. If blood is spilled on scrub uniforms, they must be changed at the first possible moment. When blood is spilled on linens, they also must be changed at the earliest convenience.

20. All blood and laboratory samples leaving the dialysis area should be labeled "infectious" or "hepatitis" to alert laboratory personnel to the potential danger of serum hepatitis.

21. When blood is spilled on table tops or foors, or splashed on walls, it must be wiped clean as soon as possible with an appropriate disinfectant.

22. Blood lines must be kept off the floor. There should be some method for holding blood lines at the side of each bed or dialysis chair.

23. Whenever possible, disposable equipment should be utilized and properly eliminated as soon as possible following usage.

Figure 2-26: Guidelines for Hepatitis Prevention (Con't.)

24. If possible, patients who are HBsag positive should receive their care from experienced staff, and/or staff having the best technique, and/or staff who have had serum hepatitis. Staff caring for positive patients should not care for negative patients during the same shift. However, if it cannot be avoided, gloves and external protective clothing should be changed, hands washed frequently; and extreme caution taken to prevent cross-contamination.

25. Nondisposable items should not be used for more than one patient unless proper disinfection and/or sterilization can be effected.

26. It might be good practice for staff to wear protective goggle and face masks when involved with procedures where spurting or splattering of blood can occur (e.g., needle removal, changing blood line parts, etc.).

27. Linens should be used on all patient beds and chairs and should be removed and laundered after each patient.

As a surveyor touring a dialysis unit, it is wise that you follow many of the precautions cited here: Wear a protective laboratory coat; avoid touching surfaces and equipment in the units you survey; do not eat, smoke, or drink beverages; thoroughly wash your hands after leaving the area.

Reference for this section of material is: Center for Disease Control: Hepatitis Surveillance Report No. 41, Issued September 1977.

5. A FAVORABLE ENVIRONMENT FOR PATIENTS

The facility or center where dialysis or transplantation takes place should be functional, sanitary, and comfortable -- with an adequate amount of well-lighted space for the delivery of patient care. The beds should be sufficiently spaced to allow for easy access to the bedside for accessory equipment and emergencies. While the Federal regulations are not specific concerning the amount of space between beds, most state regulations address this issue.

The Federal ESRD Regulations require written policies and procedures designed to prevent and control serum hepatitis and other infections. These policies may include procedures for the surveillance and reporting of infections, housekeeping procedures (such as routine cleaning of equipment and hard surfaces with bactericidal and/or bacteriostatic agents), the handling and disposal of waste materials and contaminants sterilization, disinfection of instruments, and the sterilization of equipment.

Classified as "good practice" are other policies and procedures for the prevention of contamination that may be observed in the facility or center. These may prohibit staff members from eating food, smoking cigarettes, and/or drinking coffee and other beverages in the patient care area, but may afford a separate area away from the ward for staff to take a break. Some units contain separate bathrooms and dressing rooms for staff and patients. Where food is served, patients and patient care staff may not be allowed in the food preparation areas, and food will be served on disposable utensils to prevent cross-contamination between patients and between the unit and the kitchen. Waste material receptacles are often lined with plastic, marked as contaminated, and emptied on a periodic schedule.

Scrub clothes may be provided for staff members for wear during work hours, so that the serum hepatitis virus will not be carried outside the patient care area. Patient with serum hepatitis will sometimes be treated in an area that is isolated from that used to treat patients without hepatitis. In many dialysis units, used dialyzers and contaminated equi ient are not dismantled in the area where fresh dialyzers are prepared.

Since the privacy of each patient must be afforded within the facility or center, patient treatment areas may be in separate rooms or divided by cubicle curtins. Regardless of the method used, the patient's personal privacy as well as the confidentiality of his/her records must be maintained.

There should be a nursing or monitoring station on the ward to ensure adequate surveillance and to monitor the progress of treatment for each individual patient. Since dialysis can result in mild-to-severe complications, appropriate monitoring of all dialysis functions is necessary for the benefit and protection of the patient.

The immediate environment in which health care is delivered should be comfortable and pleasant, room temperature at a comfortable level and the area well ventilated; some facilities may have separated "smoking" and "non-smoking" areas. Dialysis areas (i.e., usually chronic dialysis units) occasionally have relaxing music continuously playing, green plants used in decorating, and wall coverings to create a relaxed and pleasant environment. These added pleasantries are not essential but do tend to break the "clinical" feeling. In any event, the patient care area is better when placed in a quiet, low traffic area that is conducive to rest, teaching, and learning.

In dialysis units that feature a central system used for the delivery of dialyzing fluid, individual delivery systems must also be available for special, prescription dialysis solutions. This is required to meet the needs of patients who require dialyzing fluid mixed in different proportions to offset physiologic imbalances such as hyperkalemia or hypokalemia.

a. Contamination Prevention

It is extremely important that contamination between the dialysis ward and other hospital areas as well as the public be avoided. To accomplish this, staff members may be provided with scrub clothing to be worn during the work hours and then left for laundering at the end of the shift. Blood and other specimens leaving the dialysis area should be labeled "contaminated," so that laboratory personnel testing those specimens are alerted to possible infection. Food may be served on disposable utensils which can then be discarded in the dialysis ward, thereby preventing cross-contamination to the central food kitchen. Patients who contract serum hepatitis and their families can be provided with guidelines to help them prevent spreading the disease among the family group and the public. Staff members may not be allowed to leave the dialysis ward area without first changing clothes or wearing protective outer cothing such as a lab coat to prevent spreading the serum hepatitis virus to other hospital areas. When this type of precaution is taken, implementation may be documented in the patient's record.

Techniques and procedures to avoid cross-contamination to food service areas and laundries should be available. Such policies and procedures might indicate that all items such as utensils, plates, and sheets be "double-bagged" and marked or labeled "contaminated" to alert dietary and laundry personnel concerning the potential dangers of infection. The regulations requiring techniques with regard to the disposal of solid wastes and contaminated equipment and the disposal of contaminants into sewage systems are most likely to be adequate if the institution complies with local laws and accepted public health procedures. These are likely to require the burning or burying of contaminated waste and specific chemical treatment of material before introduction into a public sewage system.

b. Water Treatment for Hemodialysis

Current information about the hazards of using untreated tap water for preparing dialyzing fluid in many hemodialysis facilities has led the majority of facilities to adopt some form of water treatment. However, no single system for treating water has been developed, because of the varying composition of untreated water that is due to geographic location, water source, and wide seasonal fluctuations. In addition, many areas have water that is of very good quality with respect to certain solutes, which discourages a desire for treatment that can be expensive and may be unnecessary.

Hemodialysis techniques require adequate monitoring for maximum patient safety and includes the quality of water used for preparation of dilute dialpate. This monitoring can be directed toward either the untreated water or final product.

Equipment used for the treatment and purification of water may be divided into filters of various types, ionic exchange (such as a water softener or a deionizer), and reverse osonosis. When doing a survey, determine whether the facility has a policy for water treatment and whether the policies and procedures are being carried out.

c. Emergency Preparedness

The facility or center must be prepared to handle facility emergencies and should have written procedures for: fire, severe weather (e.g., tornadoes, hurricanes, tidal waves, earthquakes, etc.), floods, and power failures. All personnel responsible for the delivery of patient care are to be trained in these emergency or disaster procedures, to include documented annual review and retesting.

Since personnel working in the patient care area must also be prepared to handle medical emergencies, basic life support and emergency equipment should be available and easy to acquire. There should be readily accessible a cart or tray containing emergency drugs such as adrenalin and lidocaine, medical supplies, and emergency equipment (e.g., a suction machine and oxygen equipment). These should be supplemented by electrocardiographic equipment and/or a cardiac monitor, intravenous fluids, a laryngoscope, and an endotracheal tube. Finally, an expert would recommend a breathing bag to support respiration, cutdown, and thoracentesis, together with paracentesis -- and possibly -- defibrillation equipment. All emergency equipment must be stocked and checked routinely to identify items that need replacement and repair with policies and procedures written for this activity and brought to the attention of concerned employees.

6. ROLES AND DUTIES OF ESRD PERSONNEL

A large number of persons are directly or indirectly concerned with the delivery of patient services in the dialysis and transplantation facility or center. Responsibilities and qualifications for many of these are directly addressed in the Federal ESRD Regulations.

a. Medical Director

The Medical Director, who is the leader of the medical effort in ESRD treatment, directs the setting of goals, priorities, and treatment policy for the facility or center. He/she is responsible for the activities of the medical staff and for the quality of medical, nursing, social, and dietary services. The Medical Director supervises patient selection and the discontinuation of medical treatment (i.e., dialysis) and also interfaces with affiliated hospitals, regional centers, government agencies, and the network systems. The Director also participates in the allocation of center resources and services.

b. Chief Executive Officer (Administrator)

The Administrator or Chief Executive Officer provides for the management of the administrative aspects of the facility or center. That official's responsibilities include the internal management of finance (i.e., budget, charge structure, capital, and operating expense control), personnel, staffing, compensation, and certification, as well as materials and facilities management. This individual also interfaces with other hospitals, and government agencies and may have additional responsibilities toward the ESRD network, the Medicare fiscal intermediary, State health planning agencies, and the Federal Government -- with special emphasis on Federal ESRD Regulation Compliance.

c. The Nurse Responsible for Nursing Services

This individual supervises the nursing care given to ESRD patients, with assigned responsibilities that may be either direct or indirect. Those responsibilities may include assessment of the needs of the ESRD patient prior to, during, and after dialysis treatment, followed by communication of pertinent information to the physician. This nurse may also initiate and discontinue a dialysis treatment, monitor its progress, assist the physician in patient assessment, carry out the physician's orders in a responsible manner, maintain records of patient treatments and belongings, and assist in short-term and long-term patient care planning.

d. Dialysis Nurse (R.N., L.P.N., or L.V.N.)

Dialysis nurses, who report to the nurse responsible for nursing services, provide direct care to the dialysis patient under the guidance and direction of their supervisor. The dialysis nurse, therefore, is directly involved in initiating and discontinuing a dialysis treatment, monitoring the progress of dialysis therapy, carrying out the physicians orders, and maintaining records of the patient treatments and belongings. This individual must be currently licensed as an R.N., L.P.N. or L.V.N. (Licensed Vocational Nurse) by the State in which he/

she is practicing. In addition, this nurse should have received training and experience in the dialysis process.

Federal ESRD Regulations require the presence on duty of a currently licensed health professional (e.g., a physician, registered nurse, or licensed practical nurse) who is experienced in rendering ESRD care. In addition, an adequate number of personnel must be present to meet the normal and emergency needs of the patient.

In a full-care setting, there may be a ratio of anywhere from one nurse for one patient to one nurse for four patients.

The criteria generally used to determine an adequate ratio of staff to patients consider the following:

- The type of patient being dialyzed -- Patients undergoing acute care dialysis require more care than patients dialyzed in an outpatient setting.
- The average condition of the patients being dialyzed -- If all the patients are acutely ill, more staff are required.
- The adaptability of the patients to treatment scheduling -- if, for instance, the majority of patients wish to dialyze at night, more staff should be working the night shift (i.e., 11 p.m. - 7 a.m.)
- The staffing needs of a particular shift -- There may be more staff working during the initiation period and the discontinuing period.
- The number and condition of the patients on any given shift -- For instance, if most of the "unstable" patients are dialyzed during the day shift (i.e., 7 a.m. - 3 p.m.), the staff requirements may be higher than on the relief shief (i.e., 3 p.m. - 11 p.m.), where most of the "stable" patients are treated.

e. Dialysis Technician and Dialysis Assistant

The responsibilities and qualifications of the dialysis technician and dialysis assistant are not addressed in the ESRD regulations, nor are there State or Federal requirements for technicians or assistants. Regulations governing this group will probably not exist until the profession itself sets its own educational and role criteria and develops a way to measure competence.

The dialysis technician and dialysis assistant may provide direct care to the patient and/or be responsible for the preparation, maintenance, and care of dialysis equipment. This individual may be responsible to the nurse who supervises nursing service or to a chief technician, depending on the nature of the assigned duties. Although the responsibilities for a "patient care technician" or dialysis assistant are somewhat similar to those of the dialysis nurse, they are directly supervised by a dialysis nurse and have responsibilities limited in scope (i.e., administration of medications, venipuncture, etc.).

The dialysis technician may be a non-patient care technician, rather than one who delivers direct patient care. Under such an arrangement, this individual prepares the required dialysis equipment prior to treatment, monitors the performance of equipment, performs routine maintenance and repairs on equipment, and keeps maintenance logs. This technician may also perform routine laboratory tests such as hematocrits and clotting times.

f. Social Worker

The social worker assists in the resolution of the psychological, social, and financial problems of the ESRD patient. In this capacity, he/she conducts psycho-social evaluations, participates in the review of patient care, and provides case work (i.e., assessment, facilitation, and counseling). The social worker also conducts group counseling for patients and their families, and identifies and assists in the use of community resources.

g. Dietitian

The dietitian involved with the ESRD patient provides nutritional services and assists in maintaining the patient's optimal nutritional status. This employee is responsible for assessing the patient's nutritional and dietetic needs based on height, estimated dry weight, age, sex, blood values, physical findings, pharmacological factors, and metabolic factors. Using this information and consultation with the physician, the dietitian then recommends a therapeutic diet, counsels and trains the patient and family on the prescribed diet, and monitors the patient's response to the dietary regime. He/she obtains and records the diet history -- including the patient's eating patterns -- previous diets, compliance with those diets, and the patient's present intake of significant nutrients. That employee formulates a nutritional care plan and recommends a diet based on these assessments, the patient's diet history, and any pertinent environmental and social factors.

The dietitian is also responsible for the education of the patient and/or the significant others as to nutritional needs and how the diet restrictions can be implemented. Additionally, an evaluation and record of the patient's and/or the significant others' understanding as to the rationale and mechanics of the diet are kept. The patient's current nutritional needs and compliance to the nutritional program are continuously monitored by reviewing and evaluating significant data. When problems with the diet arise, the dietitian reinforces and/or reeducates the patient and/or the significant other in those areas.

h. Director of the Renal Transplantation Center

The director of a renal transplantation center, who is the leader of the surgical transplantation effort in ESRD treatment, directs the setting of goals, priorities, and treatment policies of the renal transplantation center. That official's responsibilities include organizing and directing the transplantation program and participation in the screening of patients for suitable treatment modalities. He/she also ensures that the nurses caring for transplant patients are adequately trained and that there is an availability of tissue typing and organ procurement services. The director also has the responsibility for ensuring that transplantation surgery is performed under the direct supervision of a qualified transplant surgeon.

i. Transplant Surgeon

The transplant surgeon performs the surgery required for renal transplantation. This individual evaluates patients as transplant candidates, coordinates pretransplant surgery, performs transplantations, acquires kidneys, and provides pre- and post-operative transplant care.

j. Medical Records Practitioner

The role of the medical records practitioner is maintenance of the medical records on all patients being treated in the ESRD facility or center. This official must make provisions that the medical records are readily available, are systematically organized, and that they are safeguarded against loss, destruction, or unauthorized use. Items that must be included in the medical record are listed in Figure 2-27.

Figure 2-27: Items That Must Be Included In The Medical Record

1. Documented evidence of assessment of patient needs
2. Documented evidence of the establishment of appropriate treatment plan
3. Documented evidence of the care and services provided
4. Patient Identification
5. Social data
6. Signed consent forms
7. Referral information
8. Authentication of diagnosis
9. Medical and nursing history of the patient
10. Reports of physical examination
11. Diagnostic and therapeutic orders

Figure 2-27: Items That Must Be Included In The Medical Record (Continued)

12. Observations
13. Progress notes
14. Reports of treatments and clinical findings
15. Reports of laboratory and other diagnostic tests and procedures
16. Discharge summary with final diagnosis and prognosis

Optimally, the entire medical record should be in one place and should be complete at any point in time. Realistically, however, portions of or the entire record may be found in the hospital medical records department, the dialysis or transplantation unit or clinic, other clinics, the nursing station if the patient is hospitalized, the medical director's or administrator's office, or the billing department. However, it must be protected from loss, destruction, or unauthorized use, no matter where the records may be found.

Reading Assignments

- CFR 405.2136(d)(2)
- CFR 405.2140(b)(c)(d)
- CFR 405.2136(c)(d)(e)
- CFR 405.2102(r)(2)(3)(4)(5)(6)(7)
- CFR 405.2162
- CFR 405.2161
- CFR 405.2170

Discuss reading assignments with the preceptor

Learning Activities

Discuss with your preceptor the observations to be made when surveying ESRD facilities. Describe their relationship to the Federal standards.

Discuss both the personnel that make up the professional team in the ESRD facility and their specific duties and responsibilities.

List five observations to verify that anti-hepattis measures are employed at a facility.

Additional References

- Federal Register Vol. 41, No. 108, Thursday, June 3, 1976
- Federal Register Vol. 43, No. 203, Thursday, October 19, 1978 (Amendment to June 3, 1976 regulations)
- State Operations Manual

V. HOME HEALTH AGENCY

1. ORGANIZATION AND ADMINISTRATION

Home health service is that component of comrehensive health care wherein services are provided to individuals and families in their places of residence; for the purpose of promoting, maintaining, or restoring health or for minimizing the effects of illness and disability. These services are planned, coordinated, and made available by an agency/institution or unit of an agency/institution that uses an employed staff, contractual arrangements, or a combination of administrative patterns.

These services are provided under a plan of care, established with the attending physician's cooperation. Among the appropriate service components they may include are: medical care, nursing, physical therapy, speech therapy, occupational therapy, social work, nutrition home health aide, transportation, and laboratory services. These are furnished in addition to medical equipment and suppies.

Home health services can:

- Contribute to the health and well being of the patient and his family
- Restore the patient to health and/or maximum function
- Prevent costly and inappropriate admissions to institutions
- Reduce readmissions to institutions
- Make possible earlier discharge from the hospital, skilled nursing facility, or intermediate care facility

Objective - Upon completion of the home health unit, the surveyor will be better able to evaluate the adequacy of a Home Health Agency Program. Problem areas will be identified and the physician-directed patient care services will be evaluated.

A review of the agency's policies, procedures, regulations, and the implementation of such will result in the surveyor's ability to distinguish between the provider's capacity and the performance of handling the health needs of the homebound patient.

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignments; and (2) learning activities.

a. Compliance with Federal, State and Local Laws

WHEN MAKING A SURVEY, DETERMINE THAT THE AGENCY IS IN COMPLIANCE WITH FEDERAL, STATE, AND LOCAL LAWS. YOU SHOULD:

- Review application to determine licensure status, if applicable.
- Review type of control and income tax status. If there is no State law, a proprietary agency cannot be certified.
- Review licensure status of all appropriate home health agency staff.

Sources of Information

- Mortgage
- Deed of Trust, Note, or Other Obligation Secured by Home Health Agency
- Corporate Charter
- Lease Agreement
- Governing Body Constitution and Bylaws
- State Agency Files on Ownership Information for the Facility
- Licensures of Staff

Reading Assignment

- Applicable Code of Federal Regulations
- 20 CFR 405.1220

Discuss reading assignments with the preceptor.

List one usable method to determine whether a home health agency is in compliance with Federal, State, and local laws.

List one source of information to substantiate the above.

Give data tag number on Federal survey report form to which this activity would relate.

Discuss with the preceptor.

b. Administration

THE HEALTH FACILITY SURVEYOR DETERMINES WHETHER THE AGENCY'S ORGANIZATION PROVIDES FOR ADMINISTRATIVE AUTHORITY WHICH HAS THE RESPONSIBILITY AND IS ACCOUNTABLE FOR THE ACTIVITIES, FUNCTIONS, AND INSTITUTIONAL PLANNING OF THE AGENCY. THE SURVEYOR WILL DETERMINE WHETHER PART-TIME

OR INTERMITTENT SKILLED NURSING SERVICES AND AT LEAST ONE OTHER COVERED THERAPEUTIC SERVICE IS PROVIDED. YOU SHOULD:

- Review written adopted bylaws and meeting minutes which are to be relevant to the type of control.
- Review the organizational chart, job descriptions, and personnel files to verify that the authority, responsibility, duties, and accountability of the supervising physician or registered nurse and other categories of agency personnel are specific.
- Review agency policies, application forms, written agreements or contracts, and clinical records to verify that skilled nursing services and at least one other service are being provided, according to the agency's hours of service, weekend coverage, and emergency care arrangements.
- Review written agreements or contracts as to content and type of service to be furnished in conjunction with medical records to verify that these services are being provided.
- Review the annual operating budget and capital expenditure plan for evidence of committee input with governing board approval.
- Review staff or case conference minutes and clinical records to verify effective interchange and patient evaluation coordination among all agency staff and the attending physician.

Sources of Information

- Governing Body's Bylaws
- Organization Chart
- Personnel Records, Job Descriptions, Licensure, and Certification
- Contracts

- Agreements
- Policy Manual
- Interview With Administrative Personnel
- Budget
- Minutes of Committee Meeting

Reading Assignment

- Applicable Code of Federal Regulations
- 20 CFR 405.1221

Discuss reading assignments with the preceptor.

List one method that can be used to determine whether the agency's organization provides for administrative authority which has the responsibility and is accountable for the activities, functions, and institutional planning of the agency.

List three sources of information to substantiate the above.

Give data tag number on Federal survey report form to which this activity would relate.

Discuss with the preceptor.

c. Professional Personnel

WHEN MAKING A SURVEY, THE HEALTH FACILITY'S SURVEYOR MUST DETERMINE THAT A PROFESSIONAL PERSONNEL GROUP HAS BEEN ESTABLISHED AND IS FUNCTIONING EFFECTIVELY. YOU SHOULD:

- Review the group composition, bylaws, and meeting minutes to verify that:
    - The professional group members are meeting as required
    - Agency activities and statistical data are presented
    - Agency policies are established and reviewed annually
    - Members participate in the annual evaluation of the agency's program

Sources of Information

- Bylaws
- Minutes of Committee Meetings
- Minutes of Governing Body Meetings

Reading Assignment

- Applicable Code of Federal Regulations
- 20 CFR 405.1222

Discuss reading assignments with the preceptor.

List two sources of information to be reviewed in order to verify that a professional personnel group has been established and is functioning effectively.

Describe the information sought.

Give data tag number on Federal survey report form to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

d. Policies and Implementation

THE HEALTH FACILITIES SURVEYOR WILL DETERMINE WHETHER PATIENTS ARE ACCEPTED FOR CARE ACCORDING TO THE POLICIES, THAT THE AGENCY'S NURSING STAFF AND PHYSICIAN ARE FUNCTIONING ACCORDING TO THEIR RESPONSIBILITIES AS TO PLANS OF TREATMENT AND ORDERS, AND THAT PATIENT SERVICES ARE PROVIDED AS REQUIRED. YOU SHOULD:

- Review clinical records to verify that:
    - Patients are accepted for care according to the policies
    - Care is provided according to the physician signed plan of treatment
    - The plans of care are physician reviewed and approved at least every 60 days
    - All orders and change orders are physician signed

Sources of Information

- Patient Care Policies in Policy Manual
- Interview With Nursing Personnel
- Nursing Procedures Manuals

- Clinical Records
- Observation of Critical Procedures Carried Out for Patient (e.g., Medication Administration)

Reading Assignment

- Applicable Code of Federal Regulations
- 20 CFR 405.1223

Discuss reading assignments with preceptor.

List one usable method to determine whether patients are accepted for care according to the agency's policies, that the agency's nursing staff and physician are functioning according to their responsibilities as to plans of treatment and orders, and that patient services are provided as required.

List two sources of information to substantiate the above.

Give data tag number on Federal survey report form to which this activity would relate to.

Discuss with the preceptor.

2. SERVICES

a. Nursing

WHEN MAKING A SURVEY, DETERMINATION IS MADE THAT SKILLED NURSING SERVICES ARE PROVIDED UNDER SUPERVISION OF A REGISTERED NURSE, WITH EVIDENCE THAT NURSING PERSONNEL ARE ACCEPTING THEIR RESPONSIBILITIES. YOU SHOULD:

- Review policies, job descriptions, and clinical records to verify that registered nursing personnel are providing service in accordance with the plan of treatment and that they are functioning according to their responsibilities and duties as qualified.

- Review nursing meeting minutes to verify that personnel are participating and receiving appropriate in-service continuing education.

- Review nursing policies and procedures in conjunction with clinical records to verify that services are being provided and documented accordingly.

- Review clinical records to ascertain that the patients' needs have been assessed and that a plan of patient care has been established in accordance with the physician's plan of treatment and is being followed.

Sources of Information

- Personnel Records (Licensure/Registration, Qualifications,Assignments, Schedules, and Time Cards)
- Clinical Records
- Accident and Investigative Reports
- Bylaws
- Policy Manual

- Nursing Procedures Manual, Organization Chart, Job Description, and Personnel Assigned
- Minutes of Committee Meetings
- Staff Development and In-service Training Records
- Interview With Staff

Reading Assignment

- Applicable Code of Federal Regulations
- 20 CFR 405.1224

Discuss reading assignment with the preceptor.

List one method to determine whether skilled nursing services are being provided under supervision of a registered nurse with evidence that nursing personnel are accepting their responsibilities.

List three sources of information to substantiate the above.

Describe the information sought from the three sources.

Give data tag number on Federal survey report form to which this activity would relate.

Discuss with the preceptor.

b. Therapy

WHEN MAKING A SURVEY, DETERMINE THAT QUALIFIED THERAPISTS PROVIDE SERVICES UNDER A PHYSICIAN'S PLAN OF TREATMENT TO PATIENTS ADMITTED TO HOME HEALTH SERVICES. YOU SHOULD:

- Read the job description and/or contract to ascertain the extent of the functions of the therapist.
- Check plans of patient care to evaluate the extent of participation of the therapists in the overall planning with the agency health team.
- Review the clinical record for evidence of therapists reports of type of treatment and/or services to individual patients; completeness of clinical recording; and supervised visits of other providing services after instruction from therapist.
- Verify the qualification and current licensure of the therapists.

Sources of Information

- Personnel Records/Job Descriptions/Contracts/Licensures
- Patient Care Plans
- Medical Records
- Agency's Policy Manual

Reading Assignment

- Applicable Code of Federal Regulations
- 20 CFR 405.1225

Discuss reading assignment with the preceptor.

List two sources of information to substantiate that a qualified therapist provide services under a physician's plan of treatment to patients admitted to home health services.

Describe the information sought from the two sources.

Give data tag number on Federal survey report form to which this activity would relate and show the difference between each type of provider.

Discuss with the preceptor.

c. Medical Social Services

WHEN MAKING A SURVEY, DETERMINE THAT A QUALIFIED MEDICAL SOCIAL WORKER PROVIDES THE NECESSARY SERVICE IN ACCORDANCE WITH THE PHYSICIAN'S PLAN OF TREATMENT. YOU SHOULD:

- Read the job description and/or ascertain the extent of the functions of the medical social worker

- Review clinical records for evidence of:
  - -- Medical social worker reports of type of treatment and/or services to individual patients
  - -- Completeness of clinical recording
  - -- Supervised visits of others providing services after instructions from medical social workers

- Review agency policies in relation to medical social worker

- Check plan of patient care to evaluate the extent of participation of the medical social worker in the overall planning with the agency health team

- Verify the qualifications of the medical social worker

Sources of Information

- Non-Confidential Portions of Social Service Records
- Patient Care Plans
- Assessments Written by Social Worker
- Policy Manual
- Medical Records

- Personnel Records/Job Descriptions/ Contracts/Qualifications

Reading Assignment

- Applicable Code of Federal Regulations
- 20 CFR 405.1226

Discuss reading assignment with the preceptor.

List two sources of information to substantiate that a qualified medical social worker provides the necessary services in accordance with the physician plan of treatment.

Describe the information sought from the two sources.

Give data tag number on Federal survey report form to which this activity would relate.

Discuss with the preceptor.

d. Home Health Aides

(1) Organizational Logic --

WHEN MAKING A SURVEY, DETERMINE THAT HOME HEALTH AIDES ARE ASSIGNED TO GIVE PERSONAL CARE THAT DOES NOT REQUIRE PROFESSIONAL JUDGMENT OR SKILL, AND THAT THEY WORK UNDER THE SUPERVISION OF A REGISTERED NURSE OR OTHER PROFESSIONAL THERAPIST IN ACCORDANCE WITH THE PHYSICIAN'S PLAN OF TREATMENT. YOU SHOULD:

- Check the job description of home health aide .
- Read the agency's policies regarding the services of home health aides.
- Review the clinical records to verify that:
  - The home health aide is giving personal care in accordance with the plan of patient care
  - Care is given as directed in the physician's plan of treatment
  - Supervised visits by the R.N. and/or P.T., O.T., S.T., are recorded

Sources of Information

- Job Descriptions/Qualifications/Work Schedules of Supervisors and Home Health Aides
- Personnel Files
- Written Agreements With Outside Resources
- Governing Body's Bylaws
- Policy Manual
- Minutes of Committee Meeting
- Interview With Administrative Personnel
- Medical Records
- In-service Training Records

Reading Assignment

- Applicable Code of Federal Regulations
- 20 CFR 405.1227

Discuss reading assignment with the preceptor.

List three sources of information to substantiate that home health aides are assigned to give personal care which does not require professional judgment or skills, and that they work under the supervision of a registered nurse or other professional therapist in accordance with the physician's plan of treatment.

Describe the information sought from the three sources.

Give data tag number on Federal survey report form to which this activity would relate and show the differences between each type of provider.

Discuss with the preceptor.

(2) Capabilities --

WHEN MAKING A SURVEY, DETERMINE THAT THE SELECTION OF HOME HEALTH AIDES IS BASED ON THEIR ABILITY TO READ AND WRITE, TO FOLLOW INSTRUCTIONS AND DIRECTIONS, TO ACCEPT MESSAGES, AND TO DO SIMPLE RECORDING. YOU SHOULD:

- Check the policies to ensure that they encompass criteria for selection in accordance with the above mentioned, along with emotional and mental maturity and an interest in caring for the sick at home

- Verify the foregoing in the personnel policies, qualifications, job description, and responsibilities.

Sources of Information

- Agency's Policy Manual
- Personnel Records
- Job Descriptions

Reading Assignment

- Applicable Code of Federal Regulations
- 20 CFR 405.1227

Discuss reading assignment with the preceptor.

List two sources of information which will substantiate that the selection of home health aides was based on their ability to read and write, to follow instructions and directions, to accept messages, and to do simple recordings.

Describe the information sought from the two sources.

Give data tag number on the Federal survey report form to which this activity would relate.

Discuss with the preceptor.

(3) Training --

WHEN MAKING A SURVEY, DETERMINE THAT HOME HEALTH AIDES HAVE A TRAINING PROGRAM WHICH PROVIDES THE BASIC KNOWLEDGE AND SKILLS NECESSARY FOR PERSONAL CARE OF PATIENTS:

- Read the course outline of the training program.
- Check the qualifications of the instructors who taught the course (The principal instructor should be a registered nurse).
- Review the orientation plan for the aide and determine:
  - -- Does it conform to the listing in the survey form
  - -- Does it reinforce the training program
- Determine whether or not the agency provides continuous on-the-job training and in-service education for the aides.

Sources of Information

- Training Program Outline
- Personnel/Qualifications/Licensure
- In-service Training Records
- Orientation Plan

Reading Assignment

- Applicable Code of Federal Regulations
- 20 CFR 405.1227

Discuss reading assignment with the preceptor.

List two sources of information which substantiate that home health aides have a training program which provides the basic knowledge and skills necessary for personal care of patients.

Describe the information sought from the two sources.

Give data tag number on Federal survey report form to which this activity would relate.

Discuss with the preceptor.

(4) Supervision --

THE PURPOSE OF NURSING SUPERVISION IS TO DEVELOP AND GUIDE THE STAFF IN NURSING PRACTICE, TO PROMOTE HIGH STANDARDS OF SERVICE, AND TO MAKE CERTAIN THAT THE NURSING PROGRAM IS CARRIED OUT WITHIN THE FRAMEWORK OF AGENCY POLICY. ALTHOUGH SOME SUPERVISION IS ALWAYS NECESSARY, THE STAFF CAN FUNCTION WITH MORE INDEPENDENCE AS THEY GAIN IN EXPERIENCE AND PREPARATION.

On the other hand, intensive supervision is essential when the personnel have severely limited education and training. In these situations, it is necessary to impart a clear definition of staff responsibilities and pre-service and in-service training, and to maintain close supervision so as to protect both the worker and the public.

While the importance of supervision is well accepted, relatively little is known as to what constitutes the appropriate amount of supervision or how it can be altered to meet variations in the program or public health setting. The Conditions of Participation require supervisory visits at least every two weeks in each home where home health aides are assigned for Medicare patients.

WHEN MAKING A SURVEY, DETERMINE THAT THE ASSIGNMENT OF THE HOME HEALTH AIDE IS IN ACCORDANCE WITH THE PHYSICIAN'S PLAN OF TREATMENT AND THAT IT IS AT THE DISCRETION AND JUDGMENT OF THE REGISTERED NURSE. YOU SHOULD:

- Read the job descriptions to verify that supervision of the aide is listed as a function of the R.N., P.T., S.T., and/or O.T.

- Check the agency's policies in regard to:
  - -- Criteria for supervised visits
  - -- Method of assignment of aides
  - -- Educational program for aides (content, instructors, frequency, length, etc.)

- Review patient records for verification of supervised visits by R.N., P.T., S.T., and/or O.T.

- Check aide personnel file for periodic job evaluation records

Sources of Information

- Personnel Records/Job Descriptions/ Licensures
- Agency's Policy Manual
- Medical Records

Reading Assignment

- Applicable Code of Federal Regulations
- 20 CFR 405.1227

Discuss reading assignment with the preceptor.

List two sources of information to verify that the assignment of the home health aide is in accordance with the physician's plan of treatment and that it is at the discretion and judgment of the R.N.

Describe the information sought from the two sources.

Give data tag number on Federal survey report form to which this activity would relate.

Discuss with the preceptor.

3. CLINICAL RECORDS

The clinical record is a vital and legal document which serves as a:

- Basis for review and evaluation of the services rendered to the patient
- Documentation for reimbursement purposes

- Means of communication between the physician and other professional personnel contributing to the patient's care

WHEN MAKING A SURVEY, DETERMINE THAT THERE IS A CLINICAL RECORD FOR EVERY PATIENT AND THAT IT IS MAINTAINED IN ACCORDANCE WITH ACCEPTED PROFESSIONAL PRINCIPLES BY THE HOME HEALTH AGENCY. YOU SHOULD:

- Verify that there is a clinical record for each patient.

- Review a sample of records, which will vary in number according to the size of the agency. A sampling of records chosen at random by the surveyor should include current cases. They should concentrate on the nursing service, each of the additive services, and some discharged cases so as to provide an adequate cross section. As an example, the surveyor might choose from the file every third patient record. These are to be evaluated for:
  - -- Completeness of information
  - -- Currency of clinical notes
  - -- Recording of service rendered
  - -- Recertification every two months

- Check that the records include:
  - -- Admission data
  - -- Clinical data
  - -- Past and current medical, nursing, social, and other therapeutic information
  - -- Physician's plan of treatment

-- Services provided directly and through arrangement
-- Discharge summary

Elements of certain Conditions of Participation are directly and indirectly related to information documented in the clinical record. It will assist the surveyor to complete the sections of the survey report form shown in Figure 2-28 when investigating for compliance with Condition IX.

Figure 2-28. Conditions of Participation

Condition	Section	The Records:
I	405.1220	Show that services are provided to patients in their place of residence
I	405.1220	Document the extent of use and scope of additional services
II	405.1221	Verify that services are provided in accordance with the physician's plan of treatment
II	405.1223	Indicate that visits are made intermittently or on a part-time basis
V	405.1224	Show that the registered nurse and the licensed practical nurse perform functions that are in compliance with: professional standards, the physician's plan of treatment, the plan of patient care, and the policies of the agency
VI	405.1225	Show that the physical therapist performs functions in accordance with the physician's plan of treatment and also records pertinent information of each visit in the clinical records.

Figure 2-28. Conditions of Participation (Continued)

Condition	Section	The Records:
VI	405.1235	Indicate that the speech therapist functions in accordance with the physician's plan of treatment and records patient's progress on each visit
VI	405.1235	Show that the functions of the occupational therapist are in accordance with the physician's plan of treatment and that the progress of the patient is recorded after each visit
VI	405.1235	Verify that P.T., S.T., and O.T. make supervisory visits
VIII	405.1227	Indicate that the personal care provided by the home health aide is in accordance with the agency's plan for patient care
VIII	405.1227	Document that supervision and supervisory visits are provided for the health aide
IV	405.1223	Show that agency's policies of acceptance of patient are being followed
IV	405.1223	Verify that there is a physician's plan of treatment and that the orders and recertification are revised and renewed at least every two months; and that changes or orders within the two month interval are written and signed by physician or registered nurse receiving the orders
IX	405.1228	Reflect: pertinent medical, nursing, other therapeutic history and information; service rendered; observations made; plan for future action; supervision of workers involved; and -- if closed -- termination data

Sources of Information

- Clinical Records
- Policy Manual

Reading Assignment

- Applicable Code of Federal Regulations
- 20 CFR 405.1288

Discuss reading assignment with the preceptor.

Describe the contents of the clinical records.

Give tag number on Federal survey report form.

What is the recomended length of time for the retention of records.

Give data number of Federal survey report form.

Discuss assignment with the preceptor.

4. EVALUATION

WHEN MAKING A SURVEY, DETERMINE THAT THE SERVICES PROVIDED BY THE AGENCY ARE ROUTINELY AND SYSTEMATICALLY EVALUATED IN TERMS OF QUALITY, QUANTITY, AND APPROPRIATENESS OF EACH SERVICE, AND THAT THE OVERALL MANAGEMENT OF THE PROGRAM IS ASSESSED WITH REGARD TO EFFICIENCY AND ECONOMY BY DISCUSSING THE AGENCY'S PLAN FOR EVALUATION TO INSURE THAT IT INCLUDES:

- Quality Evaluation -- Periodic Review and Assessment of:
  - Nursing practice and procedures, to ensure that they are up to date and consistent with acceptable standards
  - Additive services, to verify that they meet professional standards acceptable and consistent with current practice
  - Clinical records for care plan, completeness, adequacy of recording of each service, documentation of patient's progress, and pertinent observations and actions taken and planned
  - Supervised visits on a regular basis according to set criteria

- Quantity Evaluation -- Preparation of:
  - Statistical Health Services Report to the State Department of Health
  - Periodic statistical reports to the advisory group
  - Records and reports as required to Medicare, Medicaid, and other funding agencies

- Appropriateness of Each Service -- Review of:
  - Criteria for assignment of aides
  - Acceptance policies

  - -- Use of each service
  - -- Patient needs in relation to services offered

- Administrative Management -- Review:
  - -- Use of personnel
  - -- Personnel policies in relation to adequate salaries and other conditions of employment
  - -- Method of time-cost study
  - -- Public rlations activities
- Responsibility for Evaluation -- Statement of:
  - -- Who is to carry out the evaluation
  - -- Specific time intervals for evaluation
  - -- Appropriate comments in the explanatory statements section
  - -- Plans and mechanisms as requested in the explanatory statements

Sources of Information

- Clinical Records
- Agency's Policy Manual
- Minutes of Committee Meetings
- Reports on Clinical Practices and Evaluations

Reading Assignment

- Applicable Code of Federal Regulations
- 20 CFR 405.1229

Discuss reading assignment with the preceptor.

List two sources of information to verify that the services provided by the agency are routinely and systematically evaluated in terms of quality, quantity, and appropriateness of each service, and that the overall management of the program is assessed with regard to efficiency and economy.

Describe the information sought from the two sources.

Give data tag number on Federal survey report form to which this activity would relate.

Discuss with the preceptor.

W. RURAL HEALTH CLINICS

Many rural communities are unable to attract or retain physicians and must, therefore, rely on less traditional models for the delivery of primary medical care. One such model is a clinic where medical care services traditionally provided through a physician are furnished by a nurse practitioner(s) or a physician assistant(s). These health care professionals are specially trained to provide such services under the supervision of a physician. Since the supervision is often general or indirect rather than "over-the-shoulder or direct," the clinic may not be under full-time direction of a physician.

It is the intent of Congress that the availability of medical care and services be increased through the use of such clinics to rural communities that have a shortage of health manpower. Congress passed the Rural Health Clinic Services Act (Public Law 95-210) in December 1977, which became effective for Medicare on March 1, 1978 and for Medicaid on July 1, 1978. This law extends Medicare and Medicaid reimbursement for covered health care services furnished by nurse practitioners or physician assistants to patients of a qualified rural health clinic.

1. DESCRIPTION OF CLINICS

There are many types of facilities that may qualify as rural health clinics. A rural health clinic may be:

- A permanent unit or a mobile unit
- Owned by an individual, corporation, or partnership
- Provider-based (i.e., part of a hospital, skilled nursing facility, or home health agency) or an independent clinic

- A small unsophisticated 1-2 room facility, open less than 40 hours a week, and staffed only by a nurse practitioner or physician assistant with indirect supervision by a physician.

- Part of a large sophisticated facility that provides a broad range of ambulatory care services other than rural health clinic services, has a mix of health care professionals, and has a physician present on a full-time basis

However, because all rural health clinics must meet the condition for certification, they have some common characteristics relative to location, staffing, and services provided. A rural health clinic must:

- Be located in a rural area (non-urbanized as defined by the Bureau of the Census) and in an area designated by the Public Health Service as a medically underserved area (MUA) or a health manpower shortage area (HMSA).

- Have a rural health clinic staff that include at least one physician and one physician assistant (or nurse practitioner)

- Make one of these staff members available to furnish patient care services at all times that the clinic operates.

- Make available a physician assistant or nurse practitioner to furnish patient care services at least 60 percent of the time that the clinic operates (even if a physician is present at the clinic on a full-time basis)

To qualify as rural health clinics, facilities must be primarily engaged in providing outpatient or ambulatory care services of the nature typically furnished in a physician's office or in facilities similar to an outpatient or emergency room. They are defined as the following five categories of services:

- Physicians' service, including required physician supervisory services of nurse practitioners and physician assistants
- Services and supplies furnished as being incidental to a physician's professional services
- Services of physician assistants, nurse practitioners, nurse midwives, and specialized nurse practitioners
- Services and supplies furnished as being incidental to a nurse practitioner's or physician assistant's services
- Visiting nurse services on a part-time or intermittent basis to homebound patients (limited to areas in which there is a shortage of home health agencies)

2. HEALTH AND SAFETY STANDARDS

In drafting the regulations establishing the conditions of certification, HCFA attempted to implement the clear legislative intent contained in the law. This mandated these clinics to take into account their unique circumstances and to be more flexible and less complex than were involved in the Medicare/Medicaid programs. Surveyors should continue to carry out this intent when surveying rural health clinics and should study those interpretive guidelines in the State Operations

Manual (SOM) which identify areas of the conditions for certification where the surveyor may apply appropriate flexibility.

In addition to complying with all applicable Federal, State, and local necessities, a clinic must meet the following basic health and safety standards. The clinic must:

- Receive its medical direction from a physician who:
    - Periodically reviews the services furnished by a physician assistant or nurse practitioner
    - Provides general medical supervision and guidance
    - Is available to prepare necessary medical orders
    - Gives advice and assistance in medical emergencies
    - Is required to be present at least once in every two-week period (The physician is not required to be physically present at all times under Federal legislation, but must meet all State supervisory requirements.)
- Have a nurse practitioner or physician assistant available for patient care services in the clinic at least 60 percent of the time that the clinic is open
- Provide routine diagnostic services, including clinical laboratory services
- Maintain health records on all patients
- Have written policies governing the services which the clinic provides

- Have available (in compliance with State and Federal law) appropriate drugs and biologicals needed for medical emergencies and appropriate procedures for storing, administering, and dispensing such drugs and biologicals

- Have arrangements with providers and suppliers participating in the Medicare or Medicaid program to furnish such medically necessary services as inpatient hospital care, physician services, and additional or specialized laboratory services not available at the clinic

Objective -- Upon completion of this study unit, the health facility surveyor will be better able to evaluate the performance and capacity of rural health clinics in meeting Federal regulations.

The trainee is responsible for completing the following assignments related to this unit: (1) reading assignment; and (2) learning activities.

Reading Assignments

- Applicable Code of Federal Regulations
- State Operations Manual

Discuss reading assignment with the preceptor.

Learning Activities

Describe the scope of supervision for a rural health clinic.

List the seven basic health and safety standards that clinics must meet.

Give the data tag number on Federal survey report form to which each basic health and safety standard relates.

Discuss with the preceptor.

X. OUTPATIENT PHYSICAL THERAPY SERVICES FURNISHED BY PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE

A physical therapist identified as an independent practioner is eligible to render services in his/her office or in the patient's home. To qualify, a physical therapist must:

- Be currently licensed by the State in which he/she is practicing
- Meet the general Medicare physical therapist qualification requirements
- Be in independent practice as defined in regulations (42 CFR 405.232(e)(2)(ii).

A primary consideration in determining the eligibility of a physical therapist to participate in this program is to be assured that an office acceptable to patient treatment is maintained. Criteria used for evaluation of the appropriateness of an office is found in Section 3100 of the State Operations Manual. Participation as an independently practicing physical therapist is not restricted to an individual practitioner, but is also permissible in situations where a qualified physical therapist serves as part of a group practice or partnership.

The HCFA-3042 is the report form used during the survey. In addition to assuring that Medicare qualification and eligibility requirements are met, survey activities should focus on the following:

- Clinical records, including physician orders and plans of care
- The presence of the medically-required therapeutic equipment

The physical plant environment

Survey Methods Are the Same As Outlined In Previous Units.

Y. CLINICS, REHABILITATION AGENCIES, AND PUBLIC HEALTH AGENCIES AS PROVIDERS OF PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY SERVICES

A provider of outpatient physical therapy and/or speech pathology services is identified as either a clinic, rehabilitation agency or a public health agency (see Section 3090 of the State Operations Manual). This facility may render services either on its premises, the premises of another Medicare provider of services, or in the individual's place of residence. The provider may also offer either physical therapy or speech pathology, or both . It may additionally furnish social and/or vocational adjustment services if it is identified as a rehabilitation agency. Each prospective provider is responsible for completing a HCFA-1856 (Request to Establish Eligibility); the survey report form used is the HCFA 1893.

The survey process should be designed to review the following broad categories:

- Medicare qualifications requirements of all professionals and paraprofessionals (physical therapist, physical therapist assistants, speech pathologists, psychologists, social workers, and vocational specialists)

- Organization administrative framework (i.e., composition of the governing body and the qualifications and duties of the administrator)

- Personnel and patient care policies

- Requirements for the adequate provision of physical therapy, speech pathology, and social and/or vocational adjustment services

- Clinical records including physician orders and plans of care
- Therapeutic equipment and physical plant environment

Survey Methods Are The Same As Outlined In Previous Units.

Figure 2-29. Health Clinic Evaluation Check List

NAME: ______________________ DATE OF EVALUATION: ____________

SURVEY METHODS	SATISFACTORY	NEEDS IMPROVEMENT
1. For each unit, completes reading assignments and learning activities		
2. Articulates pertinent regulations appropriate to each unit		
3. Identifies specific differences in State and Federal rules and regulations		
4. Makes evaluative judgments based on the intent of the criteria to determine compliance in each subject area		
5. Judges objectively compliance/non-compliance with a stated standard		
6. Articulates pertinent regulations appropriate to the provider/supplier of service.		
7. Identifies the various State and Federal forms and portions thereof necessary to evaluate the area or provider/supplier of service		
8. Describes the certification process for various providers/suppliers of service		

PART III

A. FIELD EXPERIENCE

This secion of the Orientation Program provides guidelines for making observational surveys (each in a different portion of the facility) under the direction of a well trained surveyor or specialist. The trainee may be working as a surveyor with the responsibility for areas of health care facilities already performed under guidance, before he/she is afforded an opportunity to do an observational survey in other areas of the facility. The new surveyor will need to refer to Parts I and II frequently when participating in this part of the program.

Part III of the manual deals with the phase of your orientation where all you have learned will be integrated and implemented. Since the success or failure of the survey you are about to perform may well depend on the manner in which it is performed, you might carefully consider the following:

- The rapport established with the facility staff should be such that they will immediately realize your sincere interest in the facility and its operation regarding patient/resident health and safety.

- It is imperative that you conduct yourself in a professional manner at all times.

- Your approach must be one of education, consultation, and implementation of regulations.

- All aspects of your survey should be positive and must deal with issues that show deviations from the accepted and customary practice in which services are provided in health care facilities.

- Deficiencies that could and/or would pose a threat to the health and safety of patient/residents if continued must be noted and documented according to regulations and/or professional practices.

Objective --The supervised segment of the orientation program provides the new employee with exposure to, and experience in, actual surveying techniques and conditions. Your field experience will progress from observational surveys to supervised surveys and finally to independently performed surveys.

Figure 3-1. Things the Surveyor Must Know Prior to Survey

- The proper attitude and conduct toward self, team members, and faculty staff
- The surveyor's individual role and function on the team, and the role and function of team members (through job descriptions)
- Regulations and intent of regulations for which the surveyor is responsible
- How to assess the patient's/resident's care and safety provided by the facility
- The survey protocol: Preparation, entrance conference, exit conference, documentation of findings, clear and precise statement of deficiencies and proper action necessary for correction of deficiencies documented on 2567.

1. OBSERVATIONAL SURVEYS

a. Procedures

The procedures for conduct of observational surveys are listed in proper sequence in Figure 3-2.

Figure 3-2. Observational Survey: Procedures

- Preceptor arranges for observation visits.
- New employee accompanies experienced surveyor (usually a specialist in the area being observed).
- Experienced surveyor briefs new employee on:
  - Type of survey and provider/supplier of service
  - What special areas are to be reviewed.
  - What types of information must be reviewed and who should be interviewed.
- During the course of the survey, the new employee observes the actions and techniques of the experienced surveyor. Observation comments are noted, if applicable.
- The experienced surveyor is responsive to any questions and issues expressed by the new surveyor.
- Following the first observation survey, the new employee participates in the completion of Form 2567. The degree of participation increases with subsequent surveys, culminating in an acceptable parallel 2567.

Figure 3-2. Observational Surveys: Procedures (Continued)

- The preceptor and the new employee evaluate the adequacy of the provider's correction.
- Observation surveys continue until the preceptor is assured that the new employee has gained the appropriate insight into the surveying process and procedures.
- At completion of survey and after review of the documentation of the new employee, the specialist/ experienced surveyor evaluate the new employee's work in the survey. (See evaluation forms at the end of this unit.)

b. Learning Activities

Under the guidance of a trained surveyor or specialist, the new surveyor will:

- Observe the situation that exists in a specialty area. (Governing Body, Medical Director/Physician Service, Laboratory/ X-Ray, Medical Records, Utilization Review, Nursing Service, Pharmaceutical Service, Dental Service, Social Service, Patient Activities,Dietary Service, Physical Environment, Infection Control, and Disaster Preparedness)
- Take notes in order to document findings
- Discuss observations with preceptor

- Complete a Medicare/Medicaid report form, using notes from observations

- Compare documentation (after it is written) with that written by the experienced surveyor or specialist. Ask questions necessary to clarify technique.

- Discuss complete report form with the preceptor.

2. EXPERIENTIAL SURVEYS

a. Procedures

The procedures for conduct of experiential surveys are listed in proper sequence in Figure 3-3.

Figure 3-3 Experiential Surveys: Procedures

- Preceptor, in conjunction with new employee's supervisor, assigns new employee to a team to survey a health facility or provider of service.

- New surveyor participates as a team member under supervision

- New surveyor studies degree of compliance with regulations and determines deficiencies.

- Survey report form is completed by surveyor for that section of the survey conducted by new employee.

- New surveyor completes Form 2567.

Figure 3-3 Experiential Surveys: Procedures (Continued)

- Preceptor reviews Form 2567 completed by new surveyor and assists with areas of difficulty. In instances where there are difficulties, the preceptor must assess whether this is a particularly specialized instance or whether there should be some remedial work provided for the new surveyor.

- New employee must review plan of correction for deficiencies he/she cited and then recommend acceptance or rejection. If P.O.C. is unacceptable, new employee obtains assistance from preceptor or an experienced surveyor, and works with the facility or provider of service to get an acceptable POC.

- At completion of the experiential survey, team leader and preceptor review work of the new employee. They then assess: degree to which employee performed the work expected, employee accuracy, and completeness of the documentation and reports.

The observational and experiental surveys should reinforce the new surveyor's understanding and application of the knowledge, techniques, and skills learned during this orientation program. The guidelines for conducting a survey are shown in Figure 3-4.

Figure 3-4. Guidelines for Conducting A Survey

- Identify responsible parties
- Interview responsible parties (i.e., staff and patient/resident) to ascertain knowledge of interpersonal relationships with other departments/ services and with patients/residents
- Review policies, procedures, personnel folders, job descriptions, and minutes of meetings
- Make observations to validate the application of policies and procedures via:
  - Onsite Activities
  - Review of documents and patients/residents records
- Synthesize Data
  - Cross Reference
  - Identify Deficiencies
  - Document Deficiencies

B. EVALUATION OF FIELD EXPERIENCE

Figure 3-5. Specialist/Experienced Surveyor's Evaluation of Field Experience (1)

Area Surveyed________________

1. Comment on data collected and clearness of documentation for each area surveyed by the new surveyor.

2. Was the data collected adequate?
Comments:

3. Was there an understanding of the survey report form in relation to observations made?
Comments:

4. Did this new surveyor write clear statements that could support the certitication recommendation?
Comments:

Surveyor's Signature: ________________
Evaluator's Signature: ________________
Date: ________________

Figure 3-5. Specialist/Experienced Surveyor's Evaluation of Field Experience (2) (Continued)

Area Surveyed_________________

1. Comment on data collected and clearness of documentation for each area surveyed by the new surveyor.

2. Was the data collected adequate?
   Comments:

3. Was there an understanding of the survey report form in relation to observations made?
   Comments:

4. Did this new surveyor write clear statements that could support the certification recommendation?
   Comments:

Surveyor's Signature: _________________
Evaluator's Signature: _________________
Date: _________________

Figure 3-5. Specialist/Experienced Surveyor's Evaluation of Field Experience (3) (Continued)

Area Surveyed________________

1. Comment on data collected and clearness of documentation for each area surveyed by the new surveyor.

2. Was the data collected adequate?
Comments:

3. Was there an understanding of the survey report form in relation to observations made?
Comments:

4. Did this new surveyor write clear statements that could support the certification recommendation?
Comments:

Surveyor's Signature: ________________
Evaluator's Signature: ________________
Date: ________________

Figure 3-5. Specialist/Experienced Surveyor's Evaluation of Field Experience (4) (Continued)

Area Surveyed________________

1. Comment on data collected and clearness of documentation for each area surveyed by the new surveyor.

2. Was the data collected adequate?
Comments:

3. Was there an understanding of the survey report form in relation to observations made?
Comments:

4. Did this new surveyor write clear statements that could support the certification recommendation?
Comments:

Surveyor's Signature: ________________
Evaluator's Signature: ________________
Date: ________________

NAME:	DATE OF EVALUATION:	
	SATISFACTORY	NEEDS IMPROVEMENT
Observation Visits: 1. Articulates orally and in writing observations of the facility or provider/supplier of service		
2. Articulates orally and in writing observations of the services observed (nursing, dietary, etc.)		
3. Complets 2567 from notes made during survey		
4. Describes proper attitude and conduct toward facility staff and how the team's attitude and conduct affected the survey		
Experiential Surveys 1. Reviews previous reports on the provider/supplier of service		
2. Gathers data using appropriate techniques		
3. Interprets regulations		
4. Documents finding and assessments completely and accurately		
5. Participates in making decisions regarding the 2567		
6. Writes clear, well-organized reports		
7. Interprets accurately the provider Plan of Correction		
8. Discerns reasonable time frames for the Plan of Correction		
9. Participates in making recommendations regarding licensure and certification		

PART IV

REGIONAL OFFICE ORIENTATION

The Orientation Program is designed to be a cooperative responsibility of the State survey agency and regional office. Although Part IV of the orientation deals with the regional office (RO), it will be conducted at the State agency with site visits permitted so that you can implement certain aspects of the program as necessary. These visits may necessitate stays of several days during which time you will have an opportunity to learn more about the nature and scope of regional office services, as well as the role of the regional office in certification, and certain procedural matters that are of relevance to you.

Objective - Upon completion of this unit, the surveyor will be able to describe the role of the regional office, comprehend the paper flow for the certification process within the regional office, and identify significant persons who have direct connections with the State survey agency and the surveyor.

The regional training administrator and personnel in the Division of Survey and Certification Operations (DSCO) will assist you in meeting your learning objectives for this unit. The regional office will conduct a structured orientation program for new surveyors that will include, but is not limited to:

- Qualifications of the surveyor (role and responsibilities)

- Regional Office organization and staff (R/O, Program Operations Brand, and Program Resource Branch staffs are encouraged to participate in the orientation of the new surveyor)

- Organization of the Health Care Financing Administration and other related Agencies.
- Role of HSQB in the survey and certification of health care facilities
- Explanation of Medicare and Medicaid programs
- Explanation of direct Federal surveys
- Federal-State relationships
- Regional resources available to States
    - Staff
    - Materials
    - Others

You may find it helpful to read through the additional instructions material for this unit that will be provided by the regional office staff. This should take place prior to your discussion of the topic with your preceptor and regional training administrator.

This unit is designed to help you understand the regional office operation as part of your orientation as a State surveyor. A brief description of the regional office will help to simplify the organizational parts, so that you can more easily understand how the system operates.

1. THE REGIONAL OFFICE

The following pages will introduce you to the complexities of the Federal certification program. You need not be concerned about learning the entire certification process in one sitting, because that which you should know will become clearer as you gain on-the-job experience with the programs.

The most important benefit to be acquired from this part of the orientation program will be derived from becoming acquainted with the people in the regional office. They will become the channels who can assure an avenue for continuously keeping abreast of the programs that change frequently. You have probably already discovered that the ability to relate to programs in terms of the people within them is an important means of solving work problems as they arise.

Ask your preceptor to help you identify regional office persons who function in direct and important areas that affect your agency. This process may also help make your regional office orientation more meaningful.

2. THE MAJOR REGIONAL AGENCIES AND THEIR ROLES IN THE CERTIFICATION PROCESS

The survey and certification process is an expression of the government's interest in upgrading and maintaining health care standards in facilities. The certification system was developed in response to the requirement that health services purchased under the Medicare and Medicaid programs be of acceptable quality. Such quality is expressed through the providers' compliance with Federal standards for participation in the program.

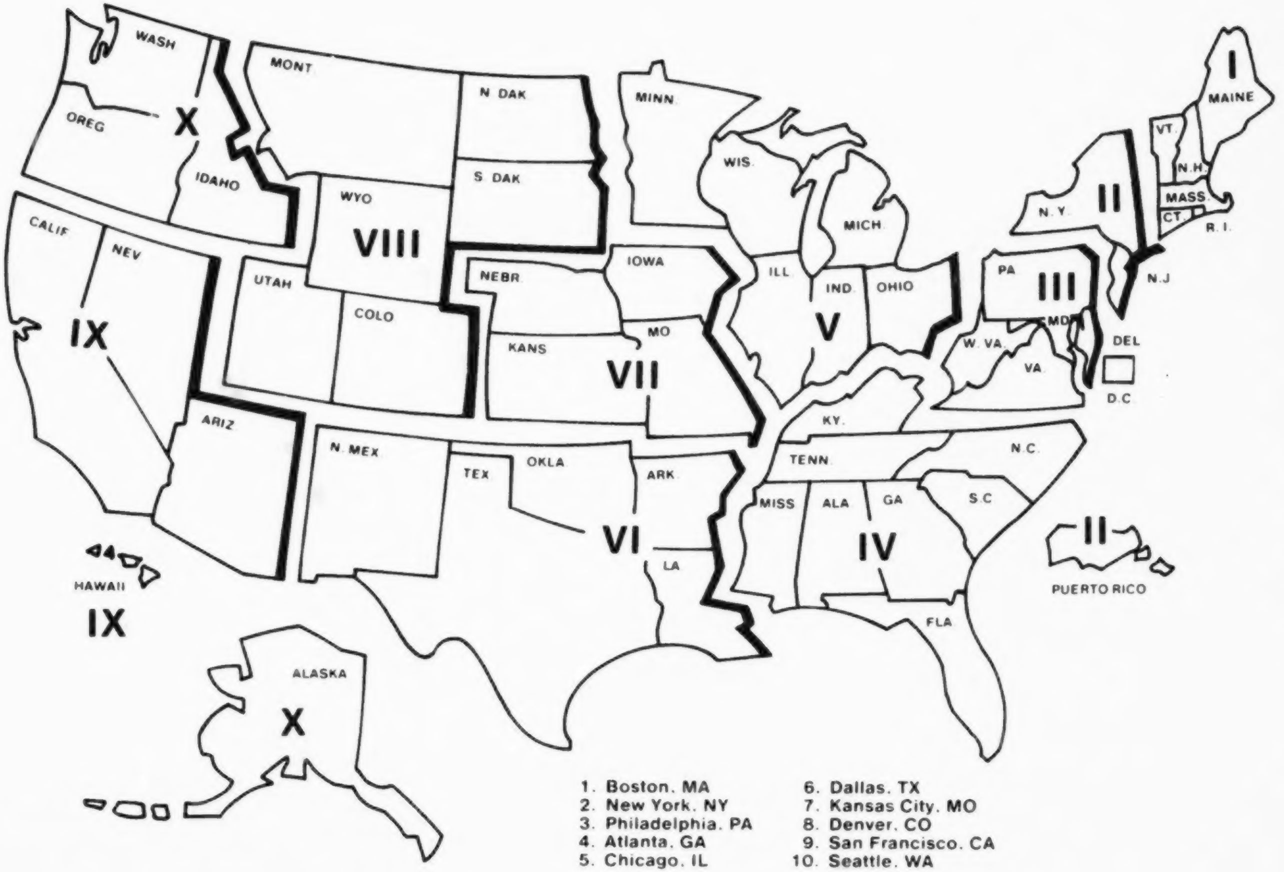
Deciding that a facility meets the requirements is a responsibility held by the Federal Government and is based on information gathered by State survey agencies. "Surveying," the process of gathering information about a facility and its services, is the legal role of the State survey agency under a contractual agreement with the Health Care Financing Administration (HCFA). "Certification" is the State survey agency's findings whether a facility does or does not meet the Federal and State requirements. The Health Standards and Quality Bureau (HSQB) regional office, using the State certification, determines compliance and issues provider agreements. An exception to the rule exists in the case of facilities participating in Medicaid only. In this instance, the State survey agency's certification is a determination of compliance.

The Health Care Financing Administration certification process is administered through a system of ten regional offices, each of which works with survey agencies in several States. These are shown on Figure 4-1.

Of the several agencies within the regional office that are involved in the certification process, the major agencies are: The Health Care Financing Administration (HCFA), Regional Office Facilities Engineering and Construction, and the Office of Civil Rights. All relate in various ways to their respective central offices in the Baltimore-Washington area.

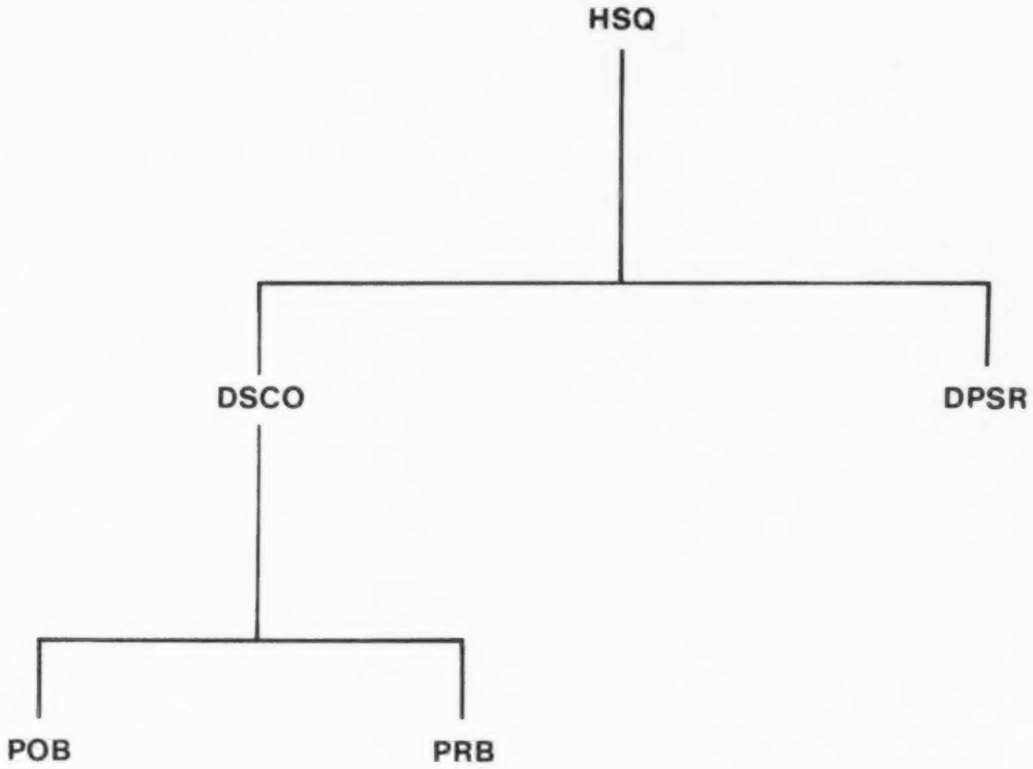
Health Standards and Quality (HSQ) of HCFA, staffed with professionals from an array of health disciplines, provides technical assistance to State survey agencies on matters requiring specialized health knowledge and in meeting their certification responsibilities. There are two divisions within HSQ: the Division of Survey and Certification Operations (DSCO)--the unit with which you will be most concerned; and the Division of Professional Standards Review (DPSR). Figure 4-2 shows the Division of Survey and Certification Operations divided into two branches: the Program Operations Branch and the Program Review Branch.

Figure 4-1. The Ten Regions and Regional Offices


WASH
OREG
IDAHO
X
MONT
N DAK
S DAK
WYO
VIII
UTAH
COLO
CALIF
NEV
IX
ARIZ
N. MEX
NEBR
KANS
IOWA
MO
VII
MINN.
WIS.
MICH
ILL
IND.
OHIO
V
TEX
OKLA
ARK
LA
VI
KY.
TENN.
MISS
ALA
GA
S.C
N.C.
FLA
IV
W. VA.
VA.
MD
PA
III
DEL
D.C
N.Y.
II
N.J
VT.
N.H.
MASS
CT.
R.I.
MAINE
I
PUERTO RICO
II
HAWAII
IX
ALASKA
X

1. Boston, MA
2. New York, NY
3. Philadelphia, PA
4. Atlanta, GA
5. Chicago, IL
6. Dallas, TX
7. Kansas City, MO
8. Denver, CO
9. San Francisco, CA
10. Seattle, WA

Figure 4-2. Health Care Financing Administration
and The Regional Office


HSQ
DSCO
DPSR
POB
PRB

Although composition of staff varies from region to region, the HSQ professional staff of PRB functions in support of some or all of the following health specialty areas: physicians services, hospital administration, nursing, pharmacy, medical records, nutrition, patient activities, social work, rehabilitation, and medical laboratory technology. The POB staff executes the administrative aspects of the Medicare/Medicaid programs.

During the adjudicative process in the regional offices, facility surveys may be referred to professional specialists on a routine basis or when questions arise which demand professional health judgments. Specialists may, for example, be called upon to evaluate the adequacy of a facility's professional services in relation to the condition and needs of its patients. As an extension of this role, HSQ specialists function to upgrade the capability of both the State agency and providers to perform on a professional level. This is implemented through offering consultation and training supports--primarily to agency staffs--and through maintaining contacts with professional and provider associations.

The Office for Civil Rights (OCR) administers the Title VI programs, whose provisions forbid discrimination in the use of health services. While binding on providers participating in Federal program, Title VI requirements are not embodied as a "condition of participation, and are instead treated as an administrative requirement during the certification process.

Regional Office Facilities Engineering and Construction (ROFEC), the regional office counterpart of the Central Office of Facilities Engineering and Property Management (OFEPM), is an available support service in the survey and certification process. The professional staff of this agency makes many decisions and recommendations on the technical aspects of the Life Safety Code standards.

While ROFEC is involved in construction aspects, fire marshals in some States usually are involved in making decisions relating to the Life Safety Code at the State level. This situation should be clarified as it pertains to your State.

Though all regional offices perform the same basic functions, they may be considerable differences in administering their program activities. In this regard, it is expected that the regional office staff will detail the specifics of its certification adjudication procedures. You will have to rely on your preceptor for the paper flow of the certification process in your State.

3. REGIONAL OFFICE ADJUDICATION OF STATE AGENCY (SA) CERTIFICATION

a. The Paper Flow

The certification process shown by a diagram in Figure 4-3 of this unit is only for illustrative purposes and may not be followed by your regional office. The HSQ Regional Office makes the legal decision as to whether or not a deficiency indicated by the State survey agency is in fact a deficiency under Federal law, or whether the facility will be approved for participation. As shown in Figure 4-4, the survey documents move through several decision-making steps, with judgments made in each step as to the need for additional information or input.

b. Technical Review

Following receipt from the State survey agency, the survey packet undergoes a regional office technical review to determine its completeness and accuracy, and whether all information needed in the subsequent steps is present. Specifically, the review checks the following:

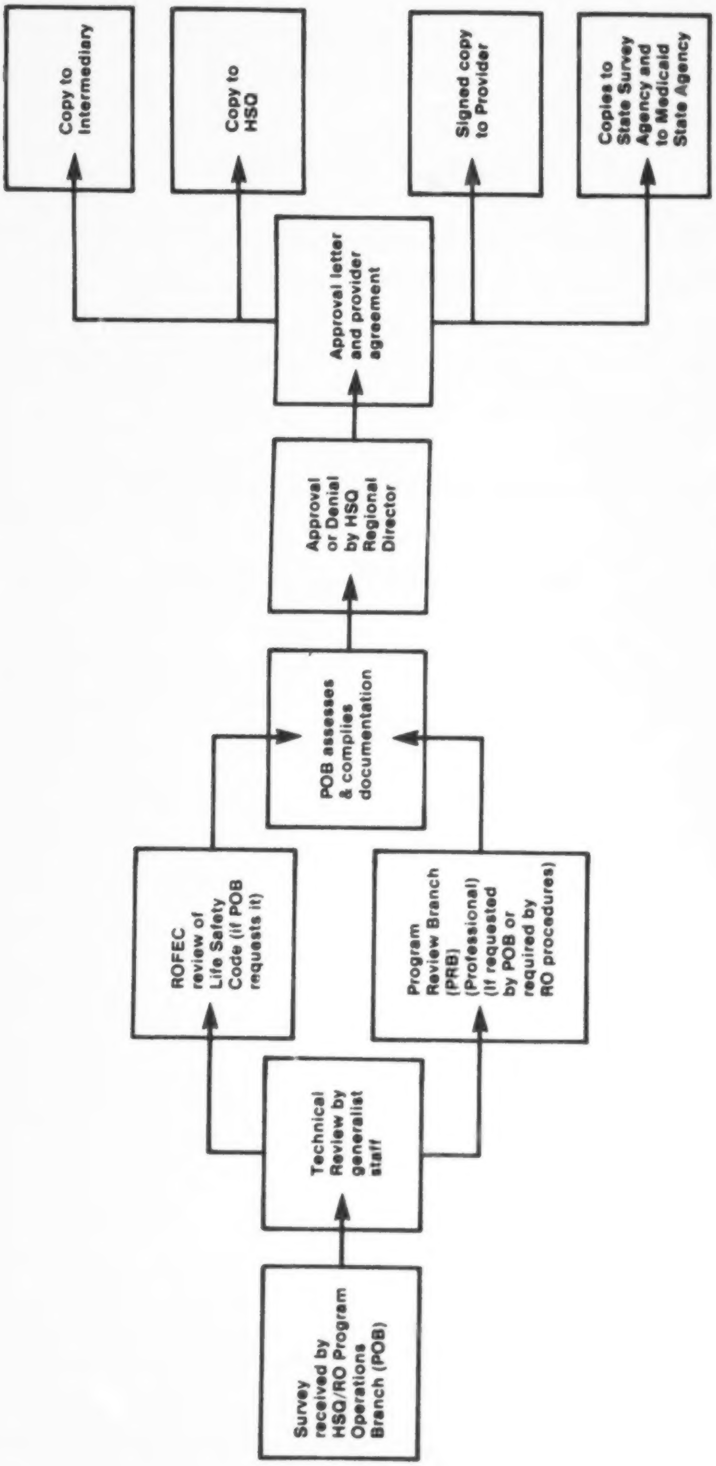

Survey received by HSQ/RO Program Operations Branch (POB)
Technical Review by generalist staff
ROFEC review of Life Safety Code (if POB requests it)
Program Review Branch (PRB) (Professional) (If requested by POB or required by RO procedures)
POB assesses & compiles documentation
Approval or Denial by HSQ Regional Director
Approval letter and provider agreement
Copy to Intermediary
Copy to HSQ
Signed copy to Provider
Copies to State Survey Agency and to Medicaid State Agency

Figure 4-3. Regional Office Certification Process

Figure 4-4. Regional Office Adjudication of State Agency Certification Actions

FUNDAMENTAL INFORMATION

- Name and address of provider/supplier - reimbursement (provider/vendor) number.
- Action being taken (e.g., recertification, termination, merger approval).
- State's findings and supporting rationale.

HEALTH AND SAFETY COMPLIANCE

- Time Frames
  - Was the survey conducted on time?
  - Was the statement of deficiencies sent to the provider/ supplier on time?
  - Was the POC received on time?
  - Did the SA process the case on time?
  - Was the certification received in the RO within 60 days of the date of survey?
  - Was the 2567 disclosed on time?
- Health and Safety Survey
  - Does the HCFA-2567 accurately state the deficiencies cited on the survey report form?

Figure 4-4. Regional Office Adjudication of State Agency Certification Actions (Continued)

- Are the deficiencies clearly and comprehensively stated?
- Are 2567s reviewed for the above prior to disclosure?
- Do the deficiencies alone, or in combination, present a hazard to patient/resident health and safety?
- Are the cited deficiencies predictable (i.e., are they the same as cited during the last several surveys)? Do surveyors or SA's "specialize" in certain deficiencies?
- Is the surveyor using the form to upgrade the level of care beyond that which is required?
- Are there any inconsistencies in the State's findings between the Life Safety Code survey and the health and safety survey?
- Do you agree that standards cited as deficient affect (or do not affect) the applicable condition?
- Should this certification be referred to the Program Review Branch?

Figure 4-4. Regional Office Adjudication of State Agency Certification Actions (Continued)

- Plan of Correction
  - Has the provider/supplier responded to each cited deficiency? Is the response comprehensive and clearly stated?
  - Do you agree with the anticipated correction date? Is it reasonable? Could it be completed sooner?
  - Do you agree with the State in its acceptance or rejection of the plan? What of patient/resident health and safety in the interim?
  - Are the deficiencies the same as cited on previous surveys? Has the provider demonstrated good faith efforts to correct previously cited deficiencies?
- Waivers
  - Are the requested waivers justified in terms of patient/ resident health and safety and financial hardship on the provider?
  - Are the deficiencies waiverable?
  - How does the waiver interface with other health and safety findings?
  - Is the waiver properly documented? Do you agree with the rationale given?

Figure 4-4. Regional Office Adjudication of State Agency Certification Actions (Continued)

  - Was the waiver received by ROFEC?

PROVIDER AGREEMENTS

- Time Limited Agreement
  - Has the recommended effective date been established in accordance with existing regulation and guidelines?
- Have all forms been received and have they been completed.
- Is there proper documentation
- Is there a correlation of deficiencies on the survey form with the statement of deficiences (2567) and plan of correction
- Should the survey be forwarded to professional specialists for review

Request for additional or clarifying information from the State survey agency (via telephone or a form 1666) can be made at this or any later step.

In the case of initial surveys, at this point a request for administrative clearance is made to the Office of Civil Rights regarding Title VI compliance and to the intermediary regarding the facility's accounting capability and fiscal solvency.

c. Professional Review

While activities in the preceding step have focused primarily on administrative requirements, the purpose of the professional review is a content evaluation of the facility's capability to provide adequate health services within a safe environment.

Survey information pertaining to the facility's physical structure and environment is routed to the engineering and construction specialists for determination of compliance with Life Safety Code standards.

The POB (HSQ/RO) may choose to send the survey to other professional specialists for an evaluation of the adequacy of the facility's health services. Although such reviews are not automatic, they do occur on a sample basis, or when there is a reason to believe that health-related problems exist. The professiional specialists may also evalutate the completeness and quality of the survey material as a measure of the professional capability of the State survey agency.

d. Certification Approval or Denial

Following completion of the previous technical and professional reviews, the survey packet is reassembled with all necessary clearance information and is evaluated by the POB as to its correctness and appropriateness. If a decision is made to deny participation or to terminate a provider's agreement, special documentation and review procedures are initiated, and all relevant parties are notified, including the provider's Congressional representative. An opportunity is provided for reconsideration and evidenciary hearing.

In the case of approval, a signed approval letter is prepared to witness the fact that the provider/supplier meets the regulations. The approval letter is transmitted from HSQ RO to the intermediary to initiate the process of purchasing the benefits for the recipients of services. The approval letter is then sent to the Central Office of the Bureau of Program Operations in Baltimore for initiation evaluation functions related to the purchase of service and the provider. The document is also forwarded to the State survey agency to initiate the State's control in scheduling resurveys and recertification. The provider/supplier then receives a copy -- together with procedures and policy information -- which indicates that participation is approved and outlines any deficiencies that must be corrected.

The provider agreement, a prerequisite to participation, is now issued by HCFA to the provider. Once signed, the provider agrees to serve as trustee for advanced interim payments made to by Medicare and also agrees -- among other things -- to return overpayments and to provide only necessary and covered services to beneficiaries.

APPENDIX A

THE HEALTH FACILITY SURVEYOR--HISTORICAL PERSPECTIVE

The occupation of health facility surveyor, emerging with the Medicare and Medicaid legislation of 1965, was patterned to a large extent on the occupational model established by health facility licensure. Licensure standards, which are generally limited to safety and other physical factors, vary among states as do the regulatory responsibility and the number of agencies involved. Licensure standards have been tangible, quantifiable, and stated as conditions which are minimal, but sufficient.

In the early days of the Federal health care programs, a great effort was undertaken to certify as many facilities as possible for Medicare and Medicaid. Consequently, many surveyors and administrative heads of State survey agencies were recruited from licensing agencies. The education and training of these individuals as well as their general approach to the quality issue were, quite understandably, directed toward discrete measurement and enforcement.

Today, a broader definition of quality prevails; and regulations require that quality assessment focus on the needs of the individual patient/resident as well as the facility structure. New standards for long-term care hold that regulations are, to the extent possible, performance standards relying on the professional judgment of the surveyor. That official must determine whether quality service to patients/residents that is inherent in the standard has been achieved.

It was not the intent of either Congress or the Federeal health care programs that quality be limited to minimum legal compliance with standards, or that facilities be unnecessarily removed or excluded from participation in the programs. Clearly, this could be a hardship for communities and unfair to providers of care. Hence, new complex and sophisticated skills and knowledge are required of today's surveryor if that person is to assist a facility to upgrade care optimally and remain a member in good standing of the Medicare/Medicaid health care delivery system. The surveyor must survey standards expertly and establish valid data on which to base judgments and recommendations. In addition, where deficiencies or potential problems exist, the facility must be led through a complex system of rules, regulations, and time agreements -- with consultation and technical assistance offered along the way.

There are approximately 3,000 surveyors in the United States and its territories of whom most have health-related background, the largest proportion being nurses and sanitarians. Surveyors evaluate those conditions and standards applicable to the Medicare or Medicaid program in skilled nursing facilities, intermediate care facilities, home health agencies, independent laboratories, hospitals, rural health clinics, end-stage renal disease, institution for the mentally retarded, and outpatient clinics and services.

APPENDIX B

PERFORMANCE CRITERIA AT THE COMPLETION OF THE ORIENTATION PROGRAM AND PRIOR TO ATTENDING THE REVISED BASIC TRAINING COURSE

The Surveyor:

- Describes the legal authorities from which the State survey agency and the Federal Government receive their powers and duties for the licensure and certification programs.
- Explains the organizational structures and relationships of the State and Federal Government with respect to the licensure, survey, and certification processes.
- Explains the roles of the health facility surveyor, team members, and team leader.
- Interacts with individuals and groups utilizing communications skills and techniques.
- Understands and uses the basic methods of data collection effectively.
- Explains the terminology and abbreviations used in the survey, licensure, and certification processes.
- Makes evaluative judgments in the assessment of patient care.

- Identifies the differences in State and Federal rules and regulations.
- Describes waiverable conditions.
- Performs surveys under supervision as a team member.
- Makes decisions confidently, based on professional judgments.
- Produces accurate, well-organized documentation of observations and factual information obtained on survey visits.
- Participates with team members in the development of list of deficiencies and evaluation of plan of correction.
- Adjusts to change or difficult situations without undue stress.
- Takes advantage of continuing education programs and available readings.
- Differentiates conditions/standards accurately for each provider/supplier consistently.

APPENDIX C

THE HEALTH FACILITY SURVEYOR TRAINING BASIC COURSE

The Health Facility Surveyor Training Basic Course is designed to follow and to complement the Orientation Program. Through attendance at the Basic Course, participants have an opportunity to:

- Strengthen specific skills (data gathering, documentation, decision-making, consultation and working in teams) needed to perform the tasks of a health facility surveyor
- Practice these skills as applied to selected areas of the Medicare Medicaid regulations

Successful completion of the Orientation Program is a prerequisite to participation in this intensive one-week course. The Division of Program Analysis and Training (DPAT) offers the Basic Course several times a year at various locations in the United States (schedules available from DPAT).

APPENDIX D
HEALTH FACILITY SURVEYOR
EVALUATION SHEET

Name of Surveyor

Date Employed

SUBJECT: Orientation Program for Newly Employed Health Facility Surveyor

(all columns must be documented)

A. Program Content	Evaluation		Date Completed MO/YR	Remarks
	Satisfactory	Needs Improvement		
Part I				
Part II				
Part III				
Part IV				

B. Overall rating of surveyor performance:

______ Satisfactory ______ Needs Improvements

C. Suggestions to improve surveyor's performance.

APPENDIX D

HEALTH FACILITY SURVEYOR

EVALUATION SHEET

(cont'd)

D. Basic Surveyor Training Course

Date

E. Specialty Courses

Title	Date	Location

Certification and ID card:

Date received

Preceptor/Date

Training Coordinator/Date

(STATE AGENCY FILE COPY)

APPENDIX E

SURVEYOR EVALUATION OF THE TOTAL ORIENTATION PROGRAM

Write a narrative concerning your orientation, Delineate the following for both the State survey agency portion and the "HCFA Core" curriculum in this manual:

1. Time required to complete your orientation.

2. Major elements of the program overdeveloped and how they were overdeveloped?

3. Major elements of the unit underdeveloped and how they were underdeveloped?

4. Most beneficial aspects of the program and why?

5. Recommendations to improve the implementation and learning aspects of the Orientation and any other comments you may wish to add.

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